

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **July 16 through 31st, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

07/18/02

App. Identifier

State Application Identifier

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY AGENCY

07/19/02

Federal Identifier

STATE CLEARING HOUSE

1. TYPE OF SUBMISSION

Application

☐ Construction

☒ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:

California City Municipal Airport

Organizational Unit:

City of California City

Address (give city, county, state and zip code):

21000 Hacienda Blvd.
California City, CA 93505

Name and telephone of the person to be contacted on matters involving this application (give area code)

Tom Weil (760) 373-4867

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 2 4 0 8 7 6 3

7. TYPE OF APPLICANT: (enter appropriate letter in box)

C

- A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify):

8. TYPE OF APPLICATION

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

- A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration E. Other (specify):

9. NAME OF FEDERAL AGENCY:

Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO.

2 0 - 1 0 6

TITLE:

Airport Master Plan

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Update of current Master Plan to reflect changes in airfield condition and FAA design standards. Environmental review of changes will also be examined.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

City of California City

13. PROPOSED PROJECT

Start Date

Ending Date

Oct 2002

09/30/03

14. CONGRESSIONAL DISTRICTS OF: 21st District

a. Applicant

California City Municipal

b. Project

Airport Master Plan

15. ESTIMATED FUNDING:

a. Federal	150,000	.00
b. Applicant	7,500	.00
c. State	7,500	.00
d. Local		.00
e. Other		.00
f. Program Income		.00
g. TOTAL	165,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

- a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 7/19/02
b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

- ☐ Yes, If "Yes", attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

Jack P. Stewart

b. Title

City Manager

c. Telephone number

760-373-8670

d. Signature of Authorized Representative

Jack P. Stewart

e. Date Signed

7/18/02

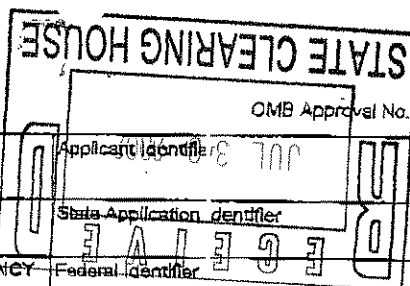
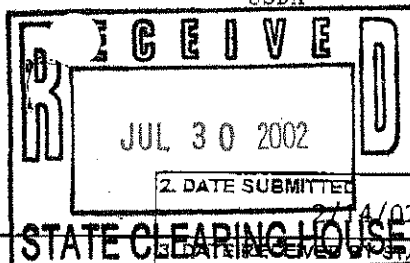
Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 31 2002 STATE CLEARING HOUSE </div>				
5. APPLICANT INFORMATION				
Legal Name: Bay Area Air Quality Management District			Organizational Unit:	
Address (give city, county, state, and zip code): 939 Ellis Street San Francisco, CA 94109			Name and telephone number of the person to be contacted on matters involving this application (give area code) Ronald C. Raimondi, Finance Manager (415) 749-4957	
6. EMPLOYER IDENTIFICATION (EIN): 941622746			7. TYPE OF APPLICANT: (enter appropriate letter here) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____ G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.606 TITLE: Surveys, Studies, Investigations, Spec1			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Section 103 Air Grant Funding: Continued support of the District's air monitoring for dioxins in the San Francisco Bay Area \$ 65,000.00	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma				
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:		
Start Date 8/1/02	End Date 12/31/03	a. Applicant: 02 b. Project: 04-13		
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 65,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 7/31/02		
b. Applicant	\$	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$ 65,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Typed Name of Authorized Representative: Ellen Garvey		b. Title: Air Pollution Control Officer		c. Telephone Number (415) 749-4970
d. Signature of Authorized Representative		e. Date Signed 7/30/02		

APPLICATION FOR
FEDERAL ASSISTANCE

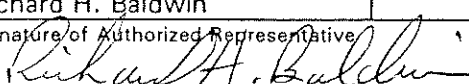
1. TYPE OF SUBMISSION:		2. DATE SUBMITTED		3. DATE RECEIVED BY STATE	
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION		6. EMPLOYER IDENTIFICATION NUMBER (EIN):			
Legal Name: Sierra County Child Abuse Council		Organizational Unit			
Address (give city, county, State, and zip code): P.O. Box 1016, 315 Main St. Loyalton, Sierra County, CA 96118		Name and telephone number of person to be contacted on matters involving this application (give area code): Lynda L. Dickman (530) 993-1110			
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (enter appropriate letter in box)			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. <input checked="" type="checkbox"/> N B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) 501(c)(3) nonprofit			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:			
10-766 TITLE: Community Facilities Grant Program		USDA Rural Development			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
Sierra County, California		To purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Center)			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Building Project		2nd District - Wally Herger			
Start Date	Ending Date	a. Applicant	b. Project		
3/1/02	C.O.E.	S.C. Child Abuse Council	Community Facility purchase		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 72,000.00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant	\$ 9,900.00	DATE _____			
c. State	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
d. Local	\$	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 62,100.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title		c. Telephone Number	
Lynda L. Dickman		Executive Director		(530) 993-1110	
d. Signature of Authorized Representative		e. Date Signed			
Lynda L. Dickman		2/14/02			

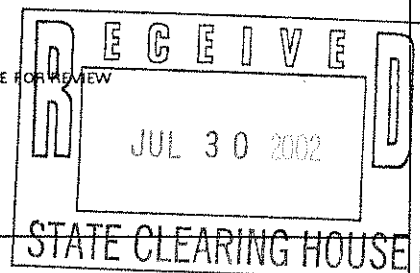
Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED July 15, 2002		Applicant Identifier FF-00-1															
1. TYPE OF SUBMISSION: <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non Construction		3. DATE RECEIVED BY STATE		State Application Identifier															
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier A009009-03-0															
5. APPLICANT INFORMATION																			
Legal Name: Ventura County Air Pollution Control District			Organizational Unit: Ventura County Air Pollution Control District																
Address (give city, county, state, and zip code): 669 County Square Drive Ventura, California 93003			Name and telephone number of the person to be contacted on matters involving this application (give area code) Vickie Workman, (805) 645-1416																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][5]-[6][0][0][0][9][4][4]			7. TYPE OF APPLICANT: (enter appropriate letter in box) [B] A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify):																
8. TYPE OF APPLICATION: [x] New [] Continuation [] Revision If Revision, enter appropriate letter(s) in box(es): [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency																
10. CATALOG OF FEDERAL DOMESTIC [6][6]-[0][0][1] ASSISTANCE NUMBER: TITLE: Air Pollution Control Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ventura County local Air Pollution Control Program for the operation of an effective program that complies with the Federal and State requirements.																
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc): Ventura County																			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:																	
Start Date 10/01/02	Ending Date 09/30/03	a. Applicant		b. Project 23 & 24															
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 07/16/02 b. NO: [x] PROGRAM IS NOT COVERED BY E.O. 12372. [] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="text-align: right;">\$ 1,162,145.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 5,139,405.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 302,400.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 6,603,950.00</td> </tr> </table>		a. FEDERAL	\$ 1,162,145.00	b. APPLICANT	\$ 5,139,405.00	c. STATE	\$ 302,400.00	d. LOCAL	\$.00	e. OTHER	\$.00	f. PROGRAM INCOME	\$.00	g. TOTAL	\$ 6,603,950.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? [] YES. IF "YES" ATTACH AN EXPLANATION. [x] NO.			
a. FEDERAL	\$ 1,162,145.00																		
b. APPLICANT	\$ 5,139,405.00																		
c. STATE	\$ 302,400.00																		
d. LOCAL	\$.00																		
e. OTHER	\$.00																		
f. PROGRAM INCOME	\$.00																		
g. TOTAL	\$ 6,603,950.00																		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																			
a. Typed Name of Authorized Representative Richard H. Baldwin		b. Title Air Pollution Control Officer		c. Telephone number (805) 645-1440															
d. Signature of Authorized Representative 				e. Date Signed 7/16/02															



APPLICATION FOR
FEDERAL ASSISTANCE

R E C E I V E D	
OMB Approval No. 0348-0043	
Applicant Identifier	JUL 30 2002
State Application Identifier	
Federal Identifier	
STATE CLEARING HOUSE	

1. TYPE OF SUBMISSION:

Application
☒ Construction
☐ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name:

CITY OF CONCORD

Organizational Unit:

LEISURE SERVICES DEPT.

Address (give city, county, State, and zip code):

1950 PARKSIDE DRIVE MS/10
 CONCORD, CA 94519 CONTRA COSTA COUNTY

Name and telephone number of person to be contacted on matters involving this application (give area code)

SUSAN LINA (925) 671-3289

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000315

7. TYPE OF APPLICANT: (enter appropriate letter in box)

- A. State
 B. County
 C. Municipal
 D. Township
 E. Interstate
 F. Intermunicipal
 G. Special District
 H. Independent School Dist.
 I. State Controlled Institution of Higher Learning
 J. Private University
 K. Indian Tribe
 L. Individual
 M. Profit Organization
 N. Other (Specify) _____

☒

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

- A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify): _____

9. NAME OF FEDERAL AGENCY: 1443
 National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15-919

TITLE: Urban Park and Recreation Recovery

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

CAMBRIDGE PARK RESTROOM

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

CITY OF CONCORD

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date

10/02

Ending Date

11/03

a. Applicant

MILLER - 7

b. Project

MILLER - 7

15. ESTIMATED FUNDING:

a. Federal	\$	156634	00
b. Applicant	\$		00
c. State	\$	27641	00
d. Local	\$		00
e. Other	\$		00
f. Program Income	\$		00
g. TOTAL	\$	184275	00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 7/30/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Edward R. James

b. Title

City Manager

c. Telephone Number

(925) 671-3150

d. Signature of Authorized Representative

e. Date Signed

7/25/02

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
 Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Application
☐ Construction

☒ Non-Construction

Preapplication

☐ Construction

☐ Non-Construction

2. DATE SUBMITTED

7.29.02

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier

RECEIVED	
OMB Approval No. 0348-0043	
JUL 30 2002	
STATE CLEARING HOUSE	

5. APPLICANT INFORMATION

Legal Name:

COLLABORATIVE RESEARCH AND DESIGNS FOR AGRICULTURE

Address (give city, county, State, and zip code):

405 SENDA LADERA, SUITE A
WATSONVILLE, CA

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

77-0436747

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

Organizational Unit:

501(c)3 non-profit organization

Name and telephone number of person to be contacted on matters involving this application (give area code)

JEFF DLOTT (831) 786-0997

7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) 501(c)3 Non-Profit

9. NAME OF FEDERAL AGENCY:

US EPA REGION 9

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66-606

TITLE: FIFRA SECTION 20

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

STATE OF CALIFORNIA

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

ECO-LABELING AS INCENTIVE FOR
PESTICIDE RISK REDUCTION

13. PROPOSED PROJECT

Start Date

10/1/02

Ending Date

9/30/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

CALIFORNIA: 17

b. Project

All state

15. ESTIMATED FUNDING:

a. Federal

\$

80,000

b. Applicant

\$

c. State

\$

d. Local

\$

e. Other

\$

f. Program Income

\$

g. TOTAL

\$

80,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:

DATE 7/29/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

JEFF DLOTT

b. Title

PRESIDENT

c. Telephone Number

(831) 786-0997

d. Signature of Authorized Representative

e. Date Signed

7/26/02

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/26/02 Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier A009051030	

5. APPLICANT INFORMATION Legal Name: Monterey Bay Unified Air Pollution Control District		Organizational Unit: Executive Office	
Address (give city, county, state, and zip code): 24580 Silver Cloud Court, Monterey, CA 93940		Name and telephone number of the person to be contacted on matters involving this application (give area code) Esta Martin, District Accountant (831) 647-9418 X 229	
6. EMPLOYER IDENTIFICATION (EIN): 94-2301821		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>G</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New Continuation Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		9. NAME OF FEDERAL AGENCY: EPA Region IX	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.001 TITLE: Air Pollution Control Program Support(105)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Basin Wide Pollution Program	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Monterey, Santa Cruz, and San Benito Counties in California		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED JUL 29 02 STATE CLEARING HOUSE </div>	

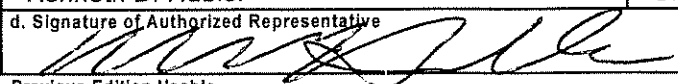
13. PROPOSED PROJECT: Start Date End Date 10/1/02 9/30/03		14. CONGRESSIONAL DISTRICT OF: a. Applicant: 16th Congressional District b. Project: Same	
---	--	--	--

15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 299,629.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>07/26/02</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 2,135,399.00		
c. State	\$ 1,187,395.00		
d. Local	\$ 166,937.00		
e. Other	\$ 114,650.00		
f. Program Income	\$ 0.00		
g. TOTAL	\$ 3,904,010.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. X No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative: Douglas Quetin	b. Title: Air Pollution Control Officer	c. Telephone Number (831)647-9411
d. Signature of Authorized Representative		e. Date Signed 07/26/02

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 22, 2002	Applicant Identifier																								
		3. DATE RECEIVED BY STATE July 25, 2002	State Application Identifier																								
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																								
5. APPLICANT INFORMATION																											
Legal Name: Address (give city, county, state, and zip code): CITY OF PARLIER 1100 E. PARLIER AVENUE PARLIER, CA 93648		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Kenneth D. Hubler, City Manager (559) 646-3545																									
6. EMPLOYER IDENTIFICATION (EIN): <table border="1" style="display:inline-table"><tr><td>9</td><td>4</td><td>-</td><td>6</td><td>0</td><td>0</td><td>0</td><td>3</td><td>9</td><td>0</td></tr></table>		9	4	-	6	0	0	0	3	9	0	7. TYPE OF APPLICANT: enter appropriate letter in box <table style="width:100%"><tr><td>A. State</td><td>H. Independent School Dist.</td></tr><tr><td>B. County</td><td>I. State Controlled Institution of Higher Learning</td></tr><tr><td>C. Municipal</td><td>J. Private University</td></tr><tr><td>D. Township</td><td>K. Indian Tribe</td></tr><tr><td>E. Interstate</td><td>L. Individual</td></tr><tr><td>F. Intermunicipal</td><td>M. Profit Organization</td></tr><tr><td>G. Special District</td><td>N. Other (Specify) _____</td></tr></table> <div style="text-align:right"><input checked="" type="checkbox"/> C</div>		A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) _____
9	4	-	6	0	0	0	3	9	0																		
A. State	H. Independent School Dist.																										
B. County	I. State Controlled Institution of Higher Learning																										
C. Municipal	J. Private University																										
D. Township	K. Indian Tribe																										
E. Interstate	L. Individual																										
F. Intermunicipal	M. Profit Organization																										
G. Special District	N. Other (Specify) _____																										
B. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY:																									
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="display:inline-table"><tr><td>1</td><td>0</td><td>-</td><td>7</td><td>6</td><td>6</td></tr></table> TITLE:		1	0	-	7	6	6	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Public Works Facility - New Construction 780 Tulare Street Parlier, CA 93648																			
1	0	-	7	6	6																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) City of Parlier																											
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:																									
Start Date 01/01/03	Ending Date 07/01/03	a. Applicant Calvin Dooley - 20th District	b. Project Calvin Dooley - 20th District																								
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																									
a. Federal USDA CDBG	\$	\$800,000	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7-25-02 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																								
		\$100,000																									
b. Applicant	\$																										
		\$100,000																									
c. State	\$																										
d. Local	\$																										
e. Other	\$																										
f. Program Income	\$																										
g. Total	\$	\$1,000,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																											
a. Type Name of Authorized Representative Kenneth D. Hubler		b. Title City Manager	c. Telephone Number (559) 646-3545																								
d. Signature of Authorized Representative 		a. Date Signed 7-22-02																									

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:	Preapplication
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION

Legal Name: CITY OF FRESNO	Organizational Unit: Police Department
Address (give city, county, State, and zip code): 2326 Fresno Street Fresno, CA 93721	Name and telephone number of person to be contacted on matters involving this application (give area code): Conrad Nerdahl (559) 621-2010

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000338

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State H. Independent School Dist. ☒ C
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) _____

9. NAME OF FEDERAL AGENCY:

Department of Justice

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

16-710

TITLE: 2002 Technology Initiative

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Fresno, CA

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Technology Initiative -
New Projects

13. PROPOSED PROJECT

Start Date 10/01/01 Ending Date 9/30/02

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 19

b. Project

15. ESTIMATED FUNDING:

a. Federal	\$ 750,000.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 750,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. ☒ YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 7/23/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

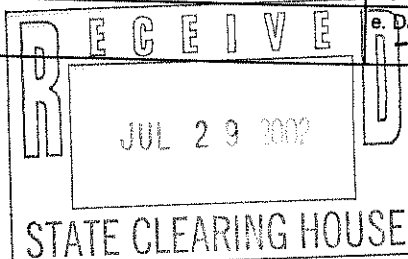
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Jerry Dyer	b. Title Chief of Police	c. Telephone Number (559) 621-2100
d. Signature of Authorized Representative 	e. Date Signed 7/22/02	

Previous Edition Usable

Authorized for Local Reproduction



Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 	Applicant Identifier
3. DATE RECEIVED BY STATE 		State Application Identifier 	
4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier 	

5. APPLICANT INFORMATION

Legal Name: CITY OF FRESNO	Organizational Unit: Police Department
Address (give city, county, State, and zip code): 2326 Fresno Street Fresno, CA 93721	Name and telephone number of person to be contacted on matters involving this application (give area code): Conrad Nerdahl (559) 621-2010

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	-	6	0	0	0	3	3	8
---	---	---	---	---	---	---	---	---	---

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other(specify): _____	

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
---	--

C

9. NAME OF FEDERAL AGENCY:
 Department of Justice

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

16 - 710

TITLE: 2002 Technology Initiative

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Fresno, CA

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Technology Initiative - System Upgrades

13. PROPOSED PROJECT <table style="width:100%; font-size: small;"> <tr> <td style="width:50%;">Start Date</td> <td style="width:50%;">Ending Date</td> </tr> <tr> <td>10/01/01</td> <td>9/30/02</td> </tr> </table>	Start Date	Ending Date	10/01/01	9/30/02	14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%;"> <tr> <td style="width:50%;">a. Applicant</td> <td style="width:50%;">b. Project</td> </tr> <tr> <td>19</td> <td></td> </tr> </table>	a. Applicant	b. Project	19	
Start Date	Ending Date								
10/01/01	9/30/02								
a. Applicant	b. Project								
19									

15. ESTIMATED FUNDING:

a. Federal	\$	750,000	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	750,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. ☒ YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 7/23/02
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

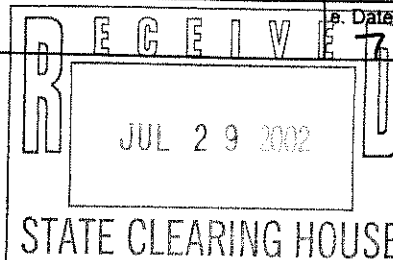
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Jerry Dyer	b. Title Chief of Police	c. Telephone Number (559) 621-2100
d. Signature of Authorized Representative 		e. Date Signed 7/22/02

Previous Edition Usable

Authorized for Local Reproduction



Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted 3. Date Rec'd by State 4. Date Rec'd by Federal	DMB Approval No. 0344-00178 RECEIVED JUL 29 2002 STATE CLEARING HOUSE Applicant Identifier State Application Identifier Federal Identifier X 9/9/04
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Regional Water Quality Control Board - Lahontan Name and telephone of person to be contacted on matters involving this application (give area code): Chuck Curtis (530) 542-5460	
6. Employer Identification Number (EIN): 68--0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) _____	
8. Type of Application: _____ New <input checked="" type="checkbox"/> Revision _____ Continuation _____ If Revision, enter appropriate letter(s): <u>A</u> <u>C</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.606 Title: Surveys, Studies, Investigations and Special Purpose Grants		11. Descriptive Title of Applicant's Project: To develop the Lake Tahoe Sediment and Nutrient Total Maximum Daily Load (TMDL) Report.	
12. Area Affected by Project: (cities, counties, states, etc.) Lake Tahoe Area		14. Congressional District of: Applicant: Project: 3 California - All	
13. Proposed Project: Start Date End Date 7/1/03 6/30/04		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: July 29, 2002 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
15. ESTIMATED FUNDING: a. Federal \$60,000.00 b. Applicant \$0.00 c. State \$60,000.00 d. Local \$0.00 e. Other \$0.00 f. Program Income \$0.00 g. TOTAL \$120,000.00		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantu		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 07/26/02	APPLICANT IDENTIFIER PDU 02-119
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name SRI International Address (Street, County, State and ZIP code) 333 Ravenswood Avenue Menlo Park, CA 94025		Organizational Unit Policy Division Name and telephone number of person to be contacted on matters involving this application (give area code) Kathryn M. Baughman (650) 859-3022	
6. EMPLOYER IDENTIFICATION NUMBER 94 - 1160950		7. TYPE OF APPLICANT (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-Profit Research Corp.	
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)		9. NAME OF FEDERAL AGENCY U.S. Agency for International Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 11.303 Expanding Economic Opportunities Title: in Lebanon		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Expanding Economic Opportunities in Lebanon	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, Street, etc.) Country of Lebanon			
13. PROPOSED PROJECT Start Date 09/01/02 Ending Date 08/31/05		14. CONGRESSIONAL DISTRICTS OF Applicant Menlo Park, CA (14th) Washington, DC (8th) Project 8th & 14th	
15. ESTIMATED FUNDING a. Federal \$ 7,360,690 b. Applicant \$ 602,673 c. State d. Local e. Other \$ 1,237,500 f. Program Income g. Total \$ 9,200,863		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE 07/29/02 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If 'Yes', attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Kathryn M. Baughman		b. Title Contracts Manager	
c. Telephone Number (650) 859-3022		d. Signature of Authorized Representative 	
e. Date Signed 07/26/02			

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05-22-02	Applicant Identifier 2890109020
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier X-989711-01-0
5. APPLICANT INFORMATION			
Legal Name: AMERICAN LUNG ASSOCIATION OF ORANGE CO.		Organizational Unit: —	
Address (give city, county, State, and zip code): 1570 E. 17TH ST, STE. F SANTA ANA, CA 92705		Name and telephone number of person to be contacted on matters involving this application (give area code): LIZZY GELLE 714-835-5864	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 945-11661669		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) NON-PROFIT 501(C)(3) </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">N</div>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): <div style="border: 1px solid black; padding: 5px; text-align: center; width: 150px; margin: 10px auto;"> RECEIVED JUL 29 2002 STATE CLEARING HOUSE </div>		9. NAME OF FEDERAL AGENCY: U.S. ENVIRONMENTAL PROTECTION AGENCY REGION 9	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: INCORPORATE TOOLS FOR SCHOOLS AND OPEN AIRWAYS FOR SCHOOLS FOCUSING ON INDOOR AIR QUALITY IN 8-10 SCHOOLS RESULTING IN ABATEMENT OF INDOOR AIR CONTAMINANTS AND ASTHMA MANAGEMENT AMONG STUDENTS WITH ASTHMA.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): ORANGE COUNTY, CALIFORNIA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10-01-00	Ending Date	a. Applicant AMERICAN LUNG ASSOCIATION OF ORANGE COUNTY	
15. ESTIMATED FUNDING:		b. Project INDOOR AIR QUALITY IN SCHOOLS	
a. Federal	\$ 19,149.⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$ 0.⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7-29-02	
c. State	\$ 0.⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0.⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ 0.⁰⁰		
f. Program Income	\$ 0.⁰⁰		
g. TOTAL	\$ 19,149.⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Glenn Maddalon		b. Title Executive Director	c. Telephone Number 714-835-5864
d. Signature of Authorized Representative <i>[Signature]</i>		e. Date Signed 5/22/02	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/11/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Solana Recyclers, Inc.		Organizational Unit: Recycled Products Purchasing Co-op	
Address (give city, county, State, and zip code): 137 N. El Camino Real Encinitas, CA 92024		Name and telephone number of person to be contacted on matters involving this application (give area code) Tyson Miller (760) 436-7986	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0009949		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>non-profit</u> </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin: 0 auto;">N</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. EPA Region 9	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right;">66-808</div> TITLE: Solid Waste Management Assistance		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Western Markets Initiative	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): states of CA, AZ, NV		<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> RECEIVED JUL 26 2002 </div>	
13. PROPOSED PROJECT			
14. CONGRESSIONAL DISTRICTS OF:			
Start Date 9/02	Ending Date 3/04	a. Applicant 51st	b. Project all districts in CA, AZ, NV
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 25,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7/11/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 25,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Jacy Davis		b. Title Executive Director	c. Telephone Number (760) 436-7986
d. Signature of Authorized Representative 		e. Date Signed 7/11/02	

APPLICATION FOR FEDERAL ASSISTANCE

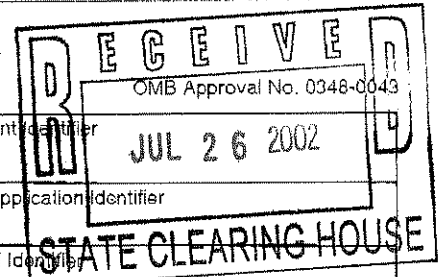
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 25, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: <u>TOKAY PARK WATER COMPANY</u> Address (give city, county, State, and zip code): <u>P.O. Box 292146</u> <u>Sacramento, Ca. 95829</u>		Organizational Unit: <u>RUS</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Norma P. Clark, Secretary/Treasurer</u> <u>(916) 383-2471</u>														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-6092970</u>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>NON-PROFIT ORG.</u> </div> </div>															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: <u>USDA Rural Development</u>														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10-760</u> TITLE: <u>Water and Waste Disposal Loan & Grant program</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Mainline water pipe replacement</u>														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>county</u>		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED JUL 26 2002 STATE CLEARING HOUSE </div>														
13. PROPOSED PROJECT <u>MAINLINE REPLAC.</u> Start Date Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>TOKAY PARK WATER CO.</u> b. Project <u>MAINLINE WATER PIPE REPLACEMENT</u>															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ <u>1,500,000.00</u></td> </tr> <tr> <td>b. Applicant</td> <td>\$.00</td> </tr> <tr> <td>c. State</td> <td>\$.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ <u>1,500,000.00</u></td> </tr> </table>		a. Federal	\$ <u>1,500,000.00</u>	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ <u>1,500,000.00</u>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7-25-02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ <u>1,500,000.00</u>															
b. Applicant	\$.00															
c. State	\$.00															
d. Local	\$.00															
e. Other	\$.00															
f. Program Income	\$.00															
g. TOTAL	\$ <u>1,500,000.00</u>															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. Type Name of Authorized Representative <u>NORMA P. CLARK</u>	b. Title <u>SECRETARY/TREASURER</u>	c. Telephone Number <u>(916) 383-2471</u>														
d. Signature of Authorized Representative <u>Norma P. Clark</u>		e. Date Signed <u>July 25, 2002</u>														

Previous Edition Usable

Authorized for Local Reproduction

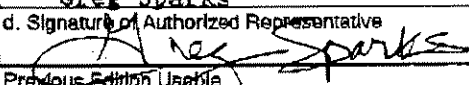
 Standard Form 424 (Rev. 7-97)
 Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 16, 2002		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: <u>Stephanie Afonso</u>			Organizational Unit: <u>Camp Motobud</u>		
Address (give city, county, State, and zip code): <u>930 Olympic Way</u> <u>Nipomo, CA 93444</u>			Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Karla Hoving (714) 974-1184</u>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>56-4574576</u>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> M A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: <u>Department of Interior</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>115-9116</u> TITLE: <u>Outdoor Recreation Acquisition</u>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Acquisition of land for a safe motor bike park and campground.</u>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Development</u> <u>San Luis Obispo County, CA Planning</u>					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date <u>Now</u>	Ending Date _____	a. Applicant <u>Lois Capps</u>		b. Project <u>Lois Capps</u>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <u>YES</u>			
a. Federal	\$ <u>1,295,000.00</u>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7-26-2002</u>			
b. Applicant	\$ _____	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ _____	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ _____	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$ _____				
f. Program Income	\$ _____				
g. TOTAL	\$ <u>1,295,000.00</u>				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative <u>Stephanie Afonso</u>		b. Title <u>Beneficiary</u>		c. Telephone Number <u>(805) 929-3106</u>	
d. Signature of Authorized Representative <u>Stephanie Afonso</u>				e. Date Signed <u>7-26-02</u>	

APPLICATION FOR
FEDERAL ASSISTANCE

RECEIVED	
OMB Approval No. 0348-0048	
Applicant Identifier	JUL 26 2002
State Application Identifier	
STATE CLEARING HOUSE	

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 26, 2002	3. DATE RECEIVED BY STATE	4. DATE RECEIVED BY FEDERAL AGENCY
5. APPLICANT INFORMATION Legal Name: Mercy Housing California Address (give city, county, State, and zip code): 3120 Freeboard Drive, Suite 202 West Sacramento, CA 95691		Organizational Unit: Dept. of Community Development Name and telephone number of person to be contacted on matters involving this application (give area code): Nilda Valmores (916) 414-4475		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081666		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: Office of Community Services		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE: Rural Community Development Activities		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mercy Housing California Housing Rehabilitation Program		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Calaveras County, California				
13. PROPOSED PROJECT Start Date: 3/03 Ending Date: 3/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Doug Ose (3) b. Project John Doolittle (4)		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 300,000 b. Applicant \$ 35,409 c. State \$ d. Local (County) \$ 114,052 e. Other \$ f. Program Income \$ g. TOTAL \$ 449,461		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/26/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
a. Type Name of Authorized Representative Greg Sparks		b. Title Reg. Director of Develop.		c. Telephone Number (916) 414-4439
d. Signature of Authorized Representative 		e. Date Signed 7/26/02		

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION

Application

☐ Construction
☒ Non-Construction

Preapplication

☐ Construction
☐ Non-Construction
2. DATE SUBMITTED
June 13, 2002

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL

RECEIVED	Applicant Identifier
	State Application Identifier
JUL 26 2002	
STATE CLEARING HOUSE	

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit: Department of Health Services

Address (give city, county, state, and zip code): 601 North 7th Street, MS 92
 P.O. Box 942732
 Sacramento, CA 94234-7320

Name and telephone number of the person to be contacted on matters involving this application
 (give area code) Gary D. Hoffmann, P.E.
 (916) 322-6264

6. EMPLOYER IDENTIFICATION (EIN)

9 4 - 6001347

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award B. Decrease Award
 C. Increase Duration D. Decrease Duration
 Other Specify:

7.

TYPE OF APPLICANT: (enter appropriate letter here) A

A. State H. Independent School District
 B. County I. State Controlled Institution of Higher Learning
 C. Municipal J. Private University
 D. Township K. Indian Tribe
 E. Interstate L. Individual
 F. Intermunicipal M. Profit Organization
 G. Special District N. Other (Specify):

10. CATALOG OF FEDERAL

DOMESTIC ASSISTANCE NUMBER: 6 6 - 4 3 2

TITLE: PWSS

9. NAME OF FEDERAL AGENCY U.S. Environmental Protection Agency

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT

California Drinking Water Regulatory Program. This grant is provided to
 augment the State's regulatory program of public water systems.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

13. PROPOSED PROJECT:

Start Date
10/1/02End Date
9/30/03

14. CONGRESSIONAL DISTRICT OF:

a. Applicant:
1-45b. Project:
Statewide

15. Estimated Funding:

a. Federal	\$	5,811,400
b. Applicant	\$	
c. State	\$	13,557,493
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	19,368,893

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:

DATE

b. NO.

☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative: David Souleles, M.P.H.

b. Title: Chief Deputy Director
Department of Health Servicesc. Telephone Number
(916) 657-1425

d. Signature of Authorized Representative

e. Date Signed

7/16/02

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED July 23, 2002	Applicant Identifier
Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: Napa County	Organizational Unit: Department of Public Works
Address (give city, county, state and zip code): 1195 Third Street, Room 201 Napa, Napa County, California 94559-3092	Name and telephone number of the person to be contacted on matters involving this application (give area code): Erica Ahmann (707) 253-4351

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 5 2 5

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

B

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC
ASSISTANCE NUMBER:

2 0 - 1 0 6

TITLE: **Airport Improvement Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Napa County Airport, Napa County, California
Runway 36R Extension - Phase 2
Taxiway J and Taxiway C Extension - Phase 2

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Unincorporated Area of Napa County

13. PROPOSED PROJECT:

14. CONGRESSIONAL DISTRICTS OF:

Start Date
2002Ending Date
2003

a. Applicant

02

b. Project

02

15. ESTIMATED FUNDING:

a. Federal	\$	2,006,775 .00
b. Applicant	\$	122,636 .00
c. State		100,339 .00
d. Local	\$	0 .00
e. Other	\$	0 .00
f. Program Income	\$	0 .00
g. TOTAL	\$	2,229,750 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:


DATE July 23, 2002b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

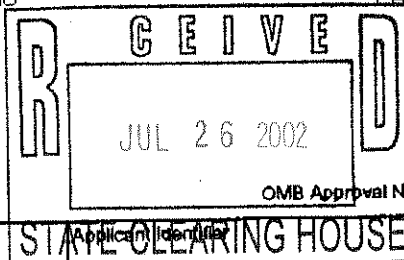
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY

AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative Robert J. Peterson, P.E.	b. Title Director of Public Works	c. Telephone Number (707) 253-4351
d. Signature of Authorized Representative 	e. Date Signed 7-26-02	



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 25, 2002		Applicant Identifier STATE CLEARING HOUSE	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION Legal Name: Desert Alliance for Community Empowerment				Organizational Unit: Desert Alliance for Community Empowerment (DACE)	
Address (give city, county, state, and zip code): 53-990 Enterprise Way, Suite 1 Coachella, CA 92236				Name and telephone number of person to be contacted on matters involving this application (give area code): Jeffrey A. Hays 760 391-5050	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0857187				7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>non-profit 501(c)3</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____				9. NAME OF FEDERAL AGENCY: Dept. of Health & Human Services	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Rural Community Development Activities Program 93-570 TITLE: _____				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Rural Housing Initiative Program aims to through outreach TA, training, predevelopment loans, community planning to isolated rural very low income communities living in non-cod illegal mobile home parks assist owners and renters in the rehab process thus preventing closure of close to 400 parks.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside Cty, CA: Desert Communities BZ, cities of Coachella and Blyth					
13. PROPOSED PROJECT Rural Housing Initiative Program		14. CONGRESSIONAL DISTRICTS OF: 44th			
Start Date 1/01/03	Ending Date 12/31/06	a. Applicant Desert Alliance for Community Empowerment (DACE)			
		b. Project DACE Income Tax Program (DITP)			
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? NO	
a. Federal	\$	135,014		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>July 25, 2002</u>	
b. Applicant	\$	356,538		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	491,552		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes (If "Yes," attach an explanation.) <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Jeffrey A. Hays		b. Title Executive Director		c. Telephone Number 760 391-5050	
d. Signature of Authorized Representative 				e. Date Signed July 25, 2002	

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/24/02	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION Legal Name: County of Imperial		Organizational Unit: Imperial County Community & Economic Development	
Address (give city, county, State, and zip code): 836 Main St. El Centro, CA 92243		Name and telephone number of person to be contacted on matters involving this application (give area code) Ken Hollis, Director (760)337.7814	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000924		7. TYPE OF APPLICANT: (enter appropriate letter in box) B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Economic Development Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Economic Development Planning Assistance Grant	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Countywide		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 26 2002 IMPERIAL COUNTY CLEARINGHOUSE </div>	
13. PROPOSED PROJECT			
Start Date 7/02	Ending Date 7/03	14. CONGRESSIONAL DISTRICTS OF: 52nd of California	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 60,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/24/02	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 20,000	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
f. Program Income	\$	a. Type Name of Authorized Representative Ann Capela	
g. TOTAL	\$ 80,000	b. Title Chief Executive Officer	
		c. Telephone Number (760)482-4290	
		d. Signature of Authorized Representative <i>Ann Capela</i>	
		e. Date Signed 7/24/02	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 7/26/02	Applicant Identifier Y536
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier JUL 26 2002
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED
 JUL 26 2002
 STATE CLEARING HOUSE

5. APPLICANT INFORMATION	
Local Name: <u>Rural Community Assistance Corporation</u>	Organizational Unit:
Address (give city, county, State, and zip code): <u>3120 Freeboard Dr., Ste. 201</u> <u>West Sacramento, Yolo County, CA 95691</u>	Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Frank Emmick, 916/447-9832 x110</u>
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-2512284</u>	7. TYPE OF APPLICANT: (enter appropriate letter in box)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Nonprofit</u>
9. NAME OF FEDERAL AGENCY: <u>DHHS - ACF/OCS</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>93-570</u> <u>Rural Community</u> TITLE: <u>Development Activities Program</u>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Community Facility Technical Assistance</u> <u>Program Area 2.0</u>
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Rural areas in AK, AZ, CA, CO, HI, NV, NM, ID,</u> <u>OR, UT, WA</u>	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date Ending Date <u>9/30/02</u> <u>9/29/05</u>	a. Applicant <u>California District 3</u>
b. Project <u>Various, 11 Western states: AK, AZ, CA, CO, HI, ID, NV, NM, OR, UT, WA</u>	
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ <u>1,000,000</u> ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Applicant \$ <u>400,000</u> ⁰⁰	DATE <u>7/26/02</u>
c. State \$ <u>138,053</u> ⁰⁰	for CA and NM
d. Local \$ <u>0</u> ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
e. Other \$ <u>2,413,382</u> ⁰⁰	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW for UT and NV per their instructions
f. Program Income \$ <u>0</u> ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ <u>3,951,435</u> ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative <u>William French</u>	b. Title <u>Chief Executive Officer</u>
c. Telephone Number <u>916/447-2854</u>	d. Signature of Authorized Representative
e. Date Signed <u>7/26/02</u>	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

RECEIVED

DATE SUBMITTED: JUL 25 2002

DATE RECEIVED BY STATE: JUL 25 2002

DATE RECEIVED BY FEDERAL AGENCY: JUL 25 2002

STATE CLEARING HOUSE

1. TYPE OF SUBMISSION:

Application
☒ Construction
☐ Non-Construction

Preapplication
☒ Construction
☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:

East Niles Community Services District
 Address (give city, county, State, and zip code): 1417 Vale Street
Bakersfield, CA. 93306
Kern County

Organizational Unit:

Name and telephone number of person to be contacted on matters involving this application (give area code)

Kelly Ulrich (661) 871-2011

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-6006261

7. TYPE OF APPLICANT: (enter appropriate letter in box)

- | | |
|---------------------|--|
| A. State | H. Independent School Dist. |
| B. County | I. State Controlled Institution of Higher Learning |
| C. Municipal | J. Private University |
| D. Township | K. Indian Tribe |
| E. Interstate | L. Individual |
| F. Intermunicipal | M. Profit Organization |
| G. Special District | N. Other (Specify) _____ |

G

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

- A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:

USDA - Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-760

TITLE: Water and Waste Disposal Loan and Grant Application

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Due to loss of surface water for our treatment plant, we must drill (2) deep wells and install storage and pressure tanks with booster pumps in order to replace the lost capacity.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

13. PROPOSED PROJECT

Start Date

ASAP

Ending Date

Oct 2003

a. Applicant

Congress District 20 & 21

b. Project

Congress District 21

15. ESTIMATED FUNDING:

a. Federal	\$	<u>2,000,000</u>	⁰⁰
b. Applicant	\$	<u>-</u>	⁰⁰
c. State	\$	<u>-</u>	⁰⁰
d. Local	\$	<u>-</u>	⁰⁰
e. Other	\$	<u>-</u>	⁰⁰
f. Program Income	\$	<u>-</u>	⁰⁰
g. TOTAL	\$	<u>2,000,000</u>	⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

- a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
- DATE July 10, 2002
- b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Kelly K. Ulrich

b. Title

General Manager

c. Telephone Number

(661) 871-2011

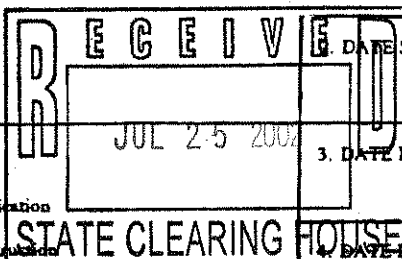
d. Signature of Authorized Representative

Kelly K. Ulrich

e. Date Signed

July 10, 2002

APPLICATION FOR FEDERAL ASSISTANCE



1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	Applicant Identifier
Application	Preapplication		
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Bay Area Air Quality Management District	Organizational Unit:
Address (give city, county, state, and zip code): 939 Ellis Street San Francisco, CA 94109	Name and telephone number of the person to be contacted on matters involving this application (give area code) Ronald C. Raimondi, Finance Manager (415) 749-4957
6. EMPLOYER IDENTIFICATION (EIN): 94-1622746	7. TYPE OF APPLICANT: (enter appropriate letter here) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): G
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:	9. NAME OF FEDERAL AGENCY: Environmental Protection Agency
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6-6-6-0-6 TITLE: Surveys, Studies, Investigations-Sepcl Sect. 103 Air Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Support for air monitoring for toxics in the San Francisco Bay Area (San Jose sit \$ 80,000.00
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma	

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date 8/1/02	End Date 12/31/02	a. Applicant: 02	b. Project 04-13
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 80,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 7/25/02	
b. Applicant	\$	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 80,000.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative: Peter Hess	b. Title: Deputy Air Pollution Control Officer	c. Telephone Number (415) 749-4971
d. Signature of Authorized Representative 		e. Date Signed 7/24/02


APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 28, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: County of Colusa		Organizational Unit: Migrant Housing																					
Address (give city, county, State, and zip code): 100 Sunrise blvd., Suite F Colusa, CA 95932		Name and telephone number of person to be contacted on matters involving this application (give area code) Harry A. Krug, 530-458-0580																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 3 - 6 0 0 0 5 0 8		7. TYPE OF APPLICANT: (enter appropriate letter in box) B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 4 0 5 TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Williams Agricultural Farm Labor Housing																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Williams, County of Colusa, California																							
13. PROPOSED PROJECT Start Date Ending Date 1/1/03 12/31/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 3																					
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">3,000,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">5,000⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">2,000,000⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">400,000⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">00⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">00⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">5,405,000⁰⁰</td> </tr> </table>		a. Federal	\$	3,000,000 ⁰⁰	b. Applicant	\$	5,000 ⁰⁰	c. State	\$	2,000,000 ⁰⁰	d. Local	\$	400,000 ⁰⁰	e. Other	\$	00 ⁰⁰	f. Program Income	\$	00 ⁰⁰	g. TOTAL	\$	5,405,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	3,000,000 ⁰⁰																					
b. Applicant	\$	5,000 ⁰⁰																					
c. State	\$	2,000,000 ⁰⁰																					
d. Local	\$	400,000 ⁰⁰																					
e. Other	\$	00 ⁰⁰																					
f. Program Income	\$	00 ⁰⁰																					
g. TOTAL	\$	5,405,000 ⁰⁰																					
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																							
a: Type Name of Authorized Representative Harry A. Krug		b. Title Director of Migrant Housing																					
c. Telephone Number (530) 458-0580		d. Signature of Authorized Representative 																					
e. Date Signed 5/28/02																							

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/23/02	Applicant Identifier																																			
		3. DATE RECEIVED BY STATE	State Application Identifier																																			
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																																			
5. APPLICANT INFORMATION																																						
Legal Name: Local Government Commission		Organizational Unit:																																				
Address (give city, county, State, and zip code): 1414 K Street, Suite 600 Sacramento, CA 95814		Name and telephone number of person to be contacted on matters involving this application (give area code): Michele Kelso 916-448-1198 ext 308																																				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2791699		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>non-profit</u> </div> </div>																																				
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: U.S. EPA, Region IX																																				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Surveys, Investigations, 66-606 TITLE: <u>Studies, & Special Purpose Grants</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2003 Smart Growth Conference																																				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California and western states		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED JUL 24 2002 STATE CLEARING HOUSE </div>																																				
13. PROPOSED PROJECT Start Date: 9/1/02 Ending Date: 12/31/03																																						
14. CONGRESSIONAL DISTRICTS OF: Congressman Robert Matsui		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7/23/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																				
15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 40%;">\$10,000</td> <td style="width: 10%;">00</td> <td style="width: 10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>\$10,000</td> <td>00</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>00</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>00</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>00</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>\$10,000</td> <td>00</td> <td></td> </tr> </table>		a. Federal	\$	\$10,000	00		b. Applicant	\$	\$10,000	00		c. State	\$		00		d. Local	\$		00		e. Other	\$		00		f. Program Income	\$		00		g. TOTAL	\$	\$10,000	00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	\$10,000	00																																			
b. Applicant	\$	\$10,000	00																																			
c. State	\$		00																																			
d. Local	\$		00																																			
e. Other	\$		00																																			
f. Program Income	\$		00																																			
g. TOTAL	\$	\$10,000	00																																			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																						
a. Type Name of Authorized Representative Judith A. Corbett		b. Title Executive Director																																				
c. Telephone Number 916-448-1198		e. Date Signed 7/22/02																																				
d. Signature of Authorized Representative 																																						

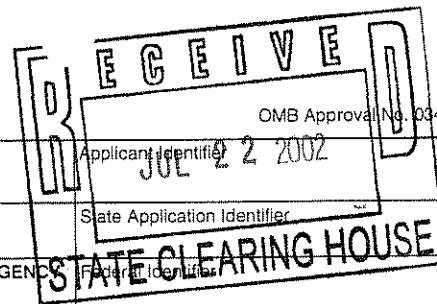
OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 7/23/02	Applicant Identifier
<input type="checkbox"/> Application Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: COMMUNITY MATTERS		Organizational Unit: CORPORATION - NON PROFIT ORG	
Address (give city, county, State, and zip code): P.O. BOX 14816 SANTA ROSA, CA 95402		Name and telephone number of person to be contacted on matters involving this application (give area code): CHRIS PACK 707-823-6159	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0369720		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-Profit 501(c)(3)</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606		9. NAME OF FEDERAL AGENCY: US EPA REGION 9	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SAN JOAQUIN VALLEY STATE CLEARING HOUSE Regulatory & "Beyond Compliance" Mapping and Strategic Planning	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/02	Ending Date 9/30/04	a. Applicant CALIFORNIA: 6	
15. ESTIMATED FUNDING:		b. Project CALIFORNIA: 21, 20, 19, 18, 11, 5	
a. Federal	\$ 50,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$.00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
c. State	\$.00	DATE 7/23/02	
d. Local	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 50,000.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative RICK PHILLIPS		b. Title EXECUTIVE DIRECTOR	c. Telephone Number 707-823-6159
d. Signature of Authorized Representative <i>Rick Phillips</i>		e. Date Signed 7/22/02	

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
7/18/02



OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:

Application
☒ Construction
☐ Non-Construction

Preapplication
☒ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name: City of Gonzales

Organizational Unit: Planning Department

Address (give city, county, State, and zip code):
P.O. Box 647
147 Fourth St.
Gonzales, Monterey, CA 93926

Name and telephone number of person to be contacted on matters involving this application (give area code)

Duane Peterson (831) 675-4203

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000341

7. TYPE OF APPLICANT: (enter appropriate letter in box)

C

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

Economic Development Administration
U.S. Department of Commerce

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

00-0000

TITLE:

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

City of Gonzales

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Design & construct streets,
drainage & underground utilities
in new industrial park

13. PROPOSED PROJECT

Start Date Ending Date
10/1/02 9/30/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
California 17th

b. Project
California 17th

15. ESTIMATED FUNDING:

a. Federal	\$ 2,001,000.00
b. Applicant	\$ 858,000.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 2,859,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 7/18/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative
Henry G. Hesling, Sr.

b. Title
City Manager

c. Telephone Number
(831) 675-5000

d. Signature of Authorized Representative

e. Date Signed
7/18/02

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

GENERAL REQUIREMENTS

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

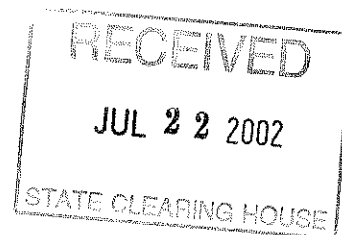
Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Project ID:	CA-03-0596
Budget Number:	1 - Budget Pending Approval
Project Information:	MTOC

Part 1: Recipient Information

Project Number:	CA-03-0596
Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Address:	P.O. BOX 731 , LONG BEACH, CA 90801 0000
Telephone:	(562) 591-8753
Facsimile:	(562) 218-1994

Union Information

Recipient ID:	1652
Union Name:	ATU
Address 1:	1951 SPRING ST
Address 2:	
City:	LONG BEACH, CA 90806 0000
Contact Name:	Barbara Gales
Telephone:	(562) 490-2334
Facsimile:	(562) 490-2336



Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$2,475,788
Project Number:	CA-03-0596	Adjustment Amt:	\$0
Project Description:	MTOC	Total Eligible Cost:	\$2,475,788

Recipient Type:	County Agency	Total FTA Amt:	\$1,980,630
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Lisa Patton 562.599.8511	Total Local Amt:	\$495,158
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	None Specified	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	-	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Jul. 18, 2002	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 25, 2001		
Program Page:	LA01B106 & LAOB354		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA

Congressional Districts

State ID	District Code	District Official
6	37	Juanita Millender-McDon
6	38	Steve Horn
6	39	Edward Royce

Project Details

PROJECT DESCRIPTION

This project includes funding for Replacement Buses (Two Alternative Fuel MTOC Buses) and the renovation of existing maintenance and fueling station facilities to accommodate the operation and maintenance of LNG fueled vehicles (Alternative Fuel Facility Design/Construction).

LOCAL FUNDS

The source of local funds are 2002 TDA Article IV funds.

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

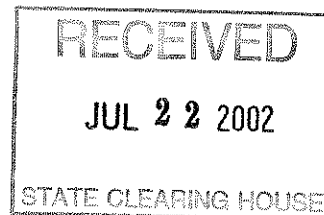
Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Project ID:	CA-40-X011-00
Budget Number:	1 - Budget Pending Approval
Project Information:	Emergency Drills

Part 1: Recipient Information

Project Number:	CA-40-X011-00
Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Address:	P.O. BOX 731 , LONG BEACH, CA 90801 0000
Telephone:	(562) 591-8753
Facsimile:	(562) 218-1994

Union Information

Recipient ID:	1652
Union Name:	ATU
Address 1:	1951 SPRING ST
Address 2:	
City:	LONG BEACH, CA 90806 0000
Contact Name:	Barbara Gales
Telephone:	(562) 490-2334
Facsimile:	(562) 490-2336



Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$35,000
Project Number:	CA-40-X011-00	Adjustment Amt:	\$0
Project Description:	Emergency Drills	Total Eligible Cost:	\$35,000

Urbanized Areas

Congressional Districts

Project Details

The goal of the exercise is to ensure that the resources and the preparation for a disaster meet and exceed the expectations of our community and the employees responding to the disaster by:

1. Providing the support for the transport of resources responding to the emergency and the safe evacuation of

APPLICATION FOR FEDERAL ASSISTANCE

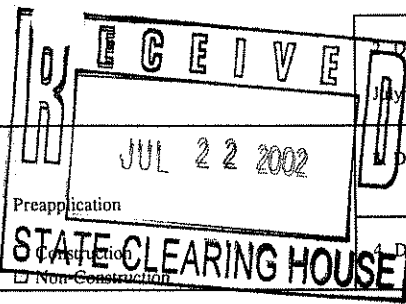
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7-19-02	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: <u>San Diego Baykeeper</u>		Organizational Unit: <u>San Diego Baykeeper</u>																																				
Address (give city, county, State, and zip code): <u>2924 Emerson St. #220</u> <u>San Diego, CA 92173</u>		Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Hiram Sarabia (619) 738-7743</u>																																				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>33-0647946</u>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit Organization</u> </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">N</div>																																				
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: <u>Environmental Protection Agency</u>																																				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right;">66-606</div> TITLE: <u>US-Mexico Border Grant Program</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Border Coastal Water Monitoring Project</u>																																				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Imperial Beach, CA to Ensenada, Mexico</u>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 22 2002 </div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-size: small;"> STATE CLEARING HOUSE </div>																																				
3. PROPOSED PROJECT <u>Border Coastal Monitoring</u>	Start Date <u>10/02</u>	Ending Date <u>10/03</u>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>San Diego Baykeeper</u> b. Project <u>Border Coastal Water Monitoring Project</u>																																			
5. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Federal</td> <td style="width:20%;">\$</td> <td style="width:20%;">25,000</td> <td style="width:20%;">00</td> <td style="width:20%;"></td> </tr> <tr> <td>Applicant</td> <td>\$</td> <td>0</td> <td>00</td> <td></td> </tr> <tr> <td>State</td> <td>\$</td> <td>0</td> <td>00</td> <td></td> </tr> <tr> <td>Local</td> <td>\$</td> <td>0</td> <td>00</td> <td></td> </tr> <tr> <td>Other</td> <td>\$</td> <td>26,762</td> <td>00</td> <td></td> </tr> <tr> <td>Program Income</td> <td>\$</td> <td>0</td> <td>00</td> <td></td> </tr> <tr> <td>TOTAL</td> <td>\$</td> <td>51,762</td> <td>00</td> <td></td> </tr> </table>				Federal	\$	25,000	00		Applicant	\$	0	00		State	\$	0	00		Local	\$	0	00		Other	\$	26,762	00		Program Income	\$	0	00		TOTAL	\$	51,762	00	
Federal	\$	25,000	00																																			
Applicant	\$	0	00																																			
State	\$	0	00																																			
Local	\$	0	00																																			
Other	\$	26,762	00																																			
Program Income	\$	0	00																																			
TOTAL	\$	51,762	00																																			
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7/19/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																																						

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
Type Name of Authorized Representative <u>Bruce Reznik</u>	b. Title <u>Executive Director</u>	c. Telephone Number <u>(619) 738-7743</u>
Signature of Authorized Representative <u>[Signature]</u>		e. Date Signed <u>7/19/02</u>

APPLICATION FOR FEDERAL ASSISTANCE



1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 17, 2002 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY Applicant Identifier Region IX State Application Identifier Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: City of West Hollywood		Organizational Unit: Rent Stabilization & Housing Department	
Address (give city, county, state, and zip code): 8300 Santa Monica Blvd West Hollywood, CA 90069		Name and telephone number of the person to be contacted on matters involving this application (give area code) Allyne Winderman (323) 848-6524	
6. EMPLOYER IDENTIFICATION (EIN): 95-3946635		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>C</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66-811</u> TITLE: Brownfields Cooperative Agreements		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of West Hollywood		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Brownfields Project Area Grant	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF: Representative Henry Waxman, 29 th District	
Start Date October 1, 2002	End Date September 30, 2002	a. Applicant: City of West Hollywood	b. Project East Side Brownfields Project
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 200,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>July 17, 2002</u>	
b. Applicant	\$		
c. State	\$	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 200,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: Paul Arevalo		b. Title: City Manager	c. Telephone Number (323) 484-6427
d. Signature of Authorized Representative 		e. Date Signed July 17, 2002	

Previous Editions Not Valid

Standard Form 424A (REV 4-88)
Prescribed by OMB Circular A-102

AUTHORIZED FOR LOCAL REPRODUCTION

AUTHORIZED FOR LOCAL REPRODUCTION

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

May 8, 2002

Applicant Identifier

N/A

1. TYPE OF SUBMISSION

Application

Preapplication

☐ Construction

☐ Construction

☒ Non-Construction

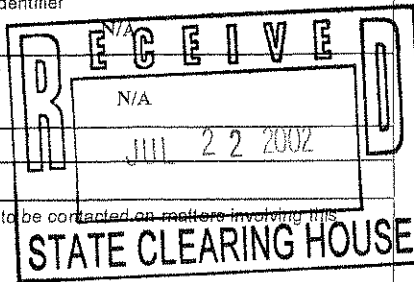
☒ Non-Construction

3. DATE RECEIVED BY STATE

State Applicant Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier



5. APPLICANT INFORMATION

Legal Name: Arcadia Police Department

Organizational Unit:

Address (give city, county, state, and zip code):

250 West Huntington Drive
Arcadia, CA 91007

Name and telephone number of person to be contacted on matters involving this application (give area code)

Name: Richard Sandona

Phone: 6265745179

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

956000667

7. TYPE OF APPLICANT: (enter appropriate letter in box)

☒ C

- | | |
|---------------------|--|
| A. State | H. Independent School Dist. |
| B. County | I. State Controlled Institution of Higher Learning |
| C. Municipal | J. Private University |
| D. Township | K. Indian Tribe |
| E. Interstate | L. Individual |
| F. Intermunicipal | M. Profit Organization |
| G. Special District | N. Other (Specify) _____ |

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

- | | | |
|----------------------|------------------------|----------------------|
| A. Increase Award | B. Decrease Award | C. Increase Duration |
| D. Decrease Duration | Other (specify): _____ | |

9. NAME OF FEDERAL AGENCY:

Department of Justice
Office of Community Oriented Policing Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 6 . 7 1 0

TITLE: 2002 Technology Initiative

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Narrow Band Communications Network
and infrastructure

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

City of Arcadia, California

13. PROPOSED PROJECT:

Start Date

Ending Date

10/01/2001

9/30/2002

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

28th Dreier

28th Dreier

15. ESTIMATED FUNDING:

a. Federal	\$	900000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:

DATE _____

- b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

David Hinig

b. Title

Chief of Police

c. Telephone number

626-574-5178

d. Signature of Authorized Representative

e. Date Signed

May 8, 2002

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED May 22, 2002	Applicant Identifier
<input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Cabrillo Economic Development Corporation		Organizational Unit:	
Address (give city, county, State, and zip code): 11011 Azahar Street, Ventura County, Saticoy, California		Name and telephone number of person to be contacted on matters involving this application (give area code) Jesse R. Ornelas, 805/659-3791, x 14	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3681521		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-profit Corp.</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-415 TITLE: Rural Rental Housing Loan AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Santa Paula, County of Ventura, State of California		9. NAME OF FEDERAL AGENCY:	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Santa Paula Farm worker, 24 units family rental in Santa Paula, California		13. PROPOSED PROJECT	
Start Date: 10/2/02 Ending Date: 8/3/03 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 23 b. Project: 23		15. ESTIMATED FUNDING:	
a. Federal: \$ 600,000 ⁰⁰ b. Applicant: \$ ⁰⁰ c. State: \$ 750,000 ⁰⁰ d. Local: \$ 381,000 ⁰⁰ e. Other: \$ 3,562,957 ⁰⁰ f. Program Income: \$ ⁰⁰ g. TOTAL: \$ 5,293,957 ⁰⁰		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
a. Type Name of Authorized Representative Jesse R. Ornelas Signature of Authorized Representative		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
b. Title Senior Project Manager		c. Telephone Number (805) 659-3791	
		e. Date Signed	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/28/02	Applicant Identifier
		3. DATE RECEIVED BY STATE 12	State Application Identifier
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Cabrillo Economic Development Corporation	Organizational Unit:
Address (give city, county, State, and zip code): 11011 Azahar Street Saticoy, CA 93004	Name and telephone number of person to be contacted on matters involving this application (give area code) Yissel Barajas (805) 659-3791 x17
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 3 6 8 1 5 2 1	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>non-profit corp.</u> </div> </div>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	9. NAME OF FEDERAL AGENCY: Department of Agriculture, Rural Housing Service
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 4 1 5 TITLE: Rural Rental Housing Loan	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Villa Victoria, 54 unit housing development in Oxnard, California
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oxnard, County of Ventura, California	
13. PROPOSED PROJECT Start Date 10/03 Ending Date 10/04	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23 b. Project 23
15. ESTIMATED FUNDING:	
a. Federal	\$ 1,100,000
b. Applicant	\$
c. State	\$ 900,000
d. Local	\$ 300,000
e. Other	\$ 9,704,883
f. Program Income	\$
g. TOTAL	\$ 12,004,883
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE SCHEDULED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Name of Authorized Representative Karen Flock	b. Title Housing Development Dir.
c. Telephone Number (805) 659-3791	d. Signature of Authorized Representative <i>Karen Flock</i>
e. Date Signed 5-13-02	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 28, 2002		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: County of Colusa			Organizational Unit: Migrant Housing		
Address (give city, county, State, and zip code): 100 Sunrise blvd., Suite F Colusa, CA 95932			Name and telephone number of person to be contacted on matters involving this application (give area code) Harry A. Krug, 530-458-0580		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93-6000508			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin: 0 auto;">B</div>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Williams Agricultural Farm Labor Housing		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Williams, County of Colusa, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 1/1/03	Ending Date 12/31/03	a. Applicant 3		b. Project 3	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 3,000,000 ⁰⁰	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ 5,000 ⁰⁰				
c. State	\$ 2,000,000 ⁰⁰				
d. Local	\$ 400,000 ⁰⁰				
e. Other	\$ ⁰⁰				
f. Program Income	\$ ⁰⁰				
g. TOTAL	\$ 5,405,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Harry A. Krug		b. Title Director of Migrant Housing		c. Telephone Number (530) 458-0580	
d. Signature of Authorized Representative 		e. Date Signed 5/28/02			

Previous Edition Usable
Authorized for Local Reproduction

RECEIVED

JUL 22 2002

STATE CLEARING HOUSE

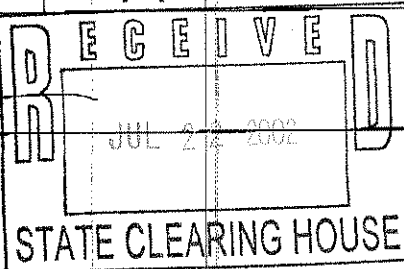
Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application		2. DATE SUBMITTED May 15, 2002		Applicant Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: State of California Department of Housing and Community Development		Organizational Unit: Office of Migrant Services			
Address (give city, county, state, and zip code): P.O. Box 952054 Sacramento, CA 94252-2054		Name and telephone number of the person to be contacted on matters involving this application (give area code): Ken Crawford (916) 327-3943			
6. EMPLOYER IDENTIFICATION (EIN): 94 - 6001347		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 405 TITLE: FmHA 514/516 Farm Labor Housing		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replace 88 units of migrant labor housing, 2 manager's units, office/maintenance building, child care facility, and laundry building, located in the city of Planada, Merced County.			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Planada, Merced County, California					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:			
Start Date 7/1/04	End Date 5/1/05	a. Applicant: 18		b. Project 18	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 3,000,000.00	YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:			
b. Applicant	\$	DATE: _____			
c. State	\$ 4,100,000.00	b. NO.			
d. Local	\$ 50,000.00	<input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
e. Other -	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income Rental Subsidy	\$ 11,731,392.99	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL With State Subsidy	\$ 18,881,392.99	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative William J. Pavão		b. Title Deputy Director		c. Telephone Number (916) 322-1560	
d. Signature of Authorized Representative				e. Date Signed May 15, 2002	

Previous Editions Not Usable

AUTHORIZED FOR LOCAL REPRODUCTION

Standard Form 424-A (REV 4-92)
Prescribed by OMB Circular A-102

RECEIVED

JUL 22 2002

APPLICATION FOR FEDERAL ASSISTANCE STATE CLEARING HOUSE

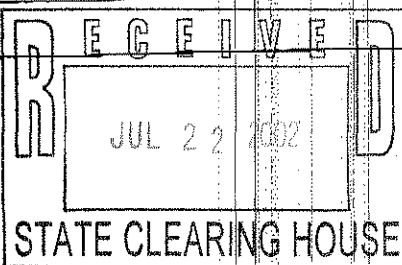
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 28, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION Legal Name: South County Housing Corporation Address (give city, county, State, and zip code): 7455 Carmel Street Gilroy, CA 95020		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Andy Lief (408)842-9181	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2590572		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: USDA - Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Boronda Gardens 15 multifamily units	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Salinas, Monterey County, California			
13. PROPOSED PROJECT Start Date 9/15/02 Ending Date 1/31/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 16th b. Project 17th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,099,122	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 67,430	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 44,900	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ 227,500		
f. Program Income	\$ 0		
g. TOTAL	\$ 3,438,952		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Dennis Lalor		b. Title Executive Director	
c. Telephone Number 408-842-9181		e. Date Signed May 24, 2002	
d. Signature of Authorized Representative <i>[Signature]</i>			

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/28/02		Applicant Identifier	
3. DATE RECEIVED BY STATE MAY 29 2002		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Self-Help Enterprises			Organizational Unit: None		
Address (give city, county, State, and zip code): 8445 W. Elwin Court P.O. Box 6520 Visalia, CA 93290			Name and telephone number of person to be contacted on matters involving this application (give area code): Doug Pingel (559) 651-1000, Ext. 651		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1592676			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Nonprofit		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			9. NAME OF FEDERAL AGENCY: USDA Rural Housing Service		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Section 514 110-405			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a 48-unit multi-family housing complex, community center and recreational facilities.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Del Rey, County of Fresno					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 21			
Start Date 3/2003	Ending Date 11/2003	a. Applicant			
15. ESTIMATED FUNDING:		b. Project 20			
a. Federal USDA - RD	\$	3,000,000			
b. Applicant	\$				
c. State County HOME Funds	\$	700,000			
d. Local	\$				
e. Other HCD FWHG	\$	2,500,000			
f. Program Income	\$				
g. TOTAL	\$	6,200,000			
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/28/02 b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Peter N. Carey		b. Title Secretary		c. Telephone Number (559) 651-1000	
d. Signature of Authorized Representative				e. Date Signed 5-23-2002	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 7-97)
Prescribed by GMS Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 23, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE MAY 23 2002	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Housing Authority of the County of Kern	Organizational Unit:
Address (give city, county, State, and zip code): 525 Roberts Lane Bakersfield, Kern County, CA 93308	Name and telephone number of person to be contacted on matters involving this application (give area code): Randy Coats (661)335-0528 ext. 2238

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6001629	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Public Housing</u> </div> </div>
--	---

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture
--	--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Request for Funding for Phase II of Ruben J. Blunt Village in Lamont, CA.
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lamont, Kern County, California	
--	--

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date Ending Date	a. Applicant 20th and 21st b. Project 20th

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 1,550,000.00	
b. Applicant	\$ 243,000.00	
c. State	\$ _____	
d. Local	\$ 850,000.00	
e. Other	\$ 878,564.00	
f. Program Income	\$ _____	
g. TOTAL	\$ 3,521,564.00	

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
---	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative William L. Carter	b. Title Executive Director	c. Telephone Number (661) 393-2150
Signature of Authorized Representative		d. Date Signed

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:

☐ Application
☐ Construction
☒ Non-Construction

☐ Pre-application
☐ Construction
☐ Non-Construction

STATE CLEARING HOUSE

2. DATE SUBMITTED

July 12, 2002

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

F-6-C

5. APPLICANT INFORMATION

Legal Name: **STATE OF CALIFORNIA**

Address (give city, county, state and zip code):

**Dept. of Fish & Game - Fisheries Programs Branch
1812 Ninth Street
Sacramento, CA 95814**

Organizational Unit:

Department of Fish and Game

Name and telephone number of the person to be contacted on matters involving this application (give area code):

Carolyn Murata (916) 445-3559

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-1697567

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
E. Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter: A):

A. State H. Independent School Dist.
B. County I. State Controlled Instruction
C. Municipal of Higher Learning
D. Township J. Private University
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15-605

TITLE: **Sport Fish Restoration Act**

9. NAME OF FEDERAL AGENCY:

**U.S. Department of the Interior
U.S. Fish and Wildlife Service**

12. / AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Statewide

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Fish Management Coordination Project.

Amendment Number 14 extends the project for an addtl 5 years to continue coordination & administration of CA's Federal Aid in Sport Fish Restoration Program. Program Narrative attached.

13. PROPOSED PROJECT:

Start Date Ending Date
07/01/2002 06/30/2007

15. ESTIMATED FUNDING:

a. Federal	\$1,997,850
b. Applicant	
c. State	\$665,950
d. Local	
e. Other	
f. Program Income	
g. TOTAL	\$2,663,800

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant **3** b. Project **1**

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

Date: _____

b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372
_____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

_____ Yes If "Yes", attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Michael F. Harris

b. Title:

Deputy Director, Admin.

c. Telephone Number

(916) 653-4633

d. Signature of Authorized Representative

Debra Hardy

e. Date Signed

7/18/02

Approved for the Secretary of the Interior

Title:

Date

Signature

Previous Editions Not Usable

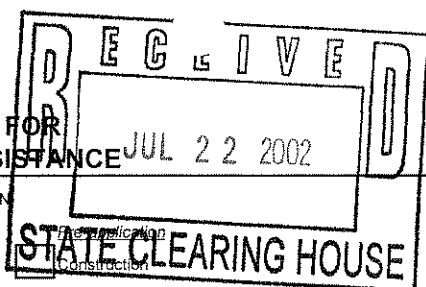
Authorized for Local Reproduction

Standard Form 424 (REV 4-88)

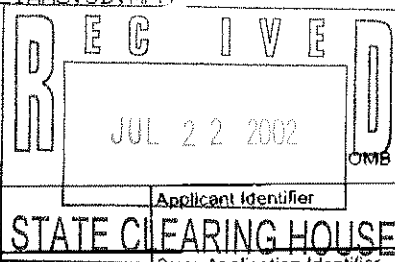
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043



1. TYPE OF SUBMISSION <u>Application</u> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 17, 2002		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier F-110-B	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA			Organizational Unit: Department of Fish and Game		
Address (give city, county, state and zip code): Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814			Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			7. TYPE OF APPLICANT: (enter appropriate letter: <u>A</u>): A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Instruction of Higher Learning J. Private University L. Individual M. Profit Organization N. Other (Specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act			9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Solano County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Motorboat Access Enhancement Project for the Suisun City Improvements (Peytonia Slough Ecological Reserve). Project Narrative attached.		
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 07/ /02	Ending Date 6/30/2003	a. Applicant 3		b. Project 7	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: _____ b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$137,100.00				
b. Applicant					
c. State	\$45,700.00				
d. Local					
e. Other		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? ____ Yes If "Yes", attach an explanation <u>X</u> No			
f. Program Income					
g. TOTAL	\$182,800.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Michael F. Harris		b. Title: Deputy Director, Admin.		c. Telephone Number (916) 653-4633	
d. Signature of Authorized Representative <i>Deanne Hardy for</i>				e. Date Signed 7/18/02	
Approved for the Secretary of the Interior		Title:		Date	
Signature					



OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		7/7/2002	STATE CLEARING HOUSE
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Berkeley Youth Alternatives	Organizational Unit:
Address (give city, county, State, and zip code): 1255 Allston Way Alameda County Ca 94702	Name and telephone number of person to be contacted on matters involving this application (give area code): Kevin D. Williams, JD, MPH 510-647-0711
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1711728	7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-Profit</u>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	9. NAME OF FEDERAL AGENCY: US Dept. of Health and Human Services
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571 TITLE: Community Food & Nutrition Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Berkeley Youth Alternatives' Culinary Skills Training Program will train low-income youth of color how to prepare snacks and meals for children and families and feed up to 767 people per week.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Berkeley, Albany, Oakland; Alameda County & Contra Costa County; California	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: Ninth Barbara Lee
Start Date 10/1/02	Ending Date 9/30/03
a. Applicant Barbara Lee	b. Project Barbara Lee
15. ESTIMATED FUNDING:	
a. Federal	\$ 50,000
b. Applicant	\$ 15,000
c. State	\$ 32,542
d. Local	\$ 0
e. Other	\$ 44,337
f. Program Income	\$ 0
g. TOTAL	\$ 141,879
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/7/02	
b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Niculia Williams	b. Title Executive Director
c. Telephone Number 510-845-9010	d. Signature of Authorized Representative <i>Niculia Williams</i>
e. Date Signed 7/7/02	00002

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED May 24, 2002		Applicant Identifier	
3. DATE RECEIVED BY STATE MAY 22 2002		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

TYPE OF SUBMISSION:

Application
☐ Construction
☐ Non-Construction

Preapplication
☒ Construction
☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California Human Development Corporation (CHDC)

Address (give city, county, State, and zip code):
 3315 Airway Dr.
 Santa Rosa, CA 95401

Organizational Unit: Non-profit corporation

Name and telephone number of person to be contacted on matters involving this application (give area code):
 Tony Silva
 (916) 329-9315

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 94-1653023

7. TYPE OF APPLICANT: (enter appropriate letter in box)
☒ N

A. State
 B. County
 C. Municipal
 D. Township
 E. Interstate
 F. Intermunicipal
 G. Special District

H. Independent School Dist.
 I. State Controlled Institution of Higher Learning
 J. Private University
 K. Indian Tribe
 L. Individual
 M. Profit Organization
 N. Other (Specify) Non-Profit Corp.

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:
 USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 10-405

TITLE: 514 / 516 Farm Labor Housing Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 "Courtland Plaza" 31-unit apartment complex for farm worker housing (Both permanent & migrant)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Sacramento River Corridor, Sacramento County, California

13. PROPOSED PROJECT

Start Date 9/2/02 Ending Date 9/2/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant Sacramento Office - District 5

b. Project District 5

15. ESTIMATED FUNDING:

a. Federal	\$ 1,648,000
b. Applicant	\$
c. State	\$ 1,530,000
d. Local	\$
e. Other	\$ 64,000
f. Program Income	\$
g. TOTAL	\$ 3,242,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative
 George L. Ortiz

b. Title
 President/CEO - CHDC

c. Telephone Number
 (707) 523-1155

d. Signature of Authorized Representative
 [Signature]

e. Date Signed
 05-28-02

Previous Edition Usable
 Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
 Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 16, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: City of Stockton		Organizational Unit: Parks & Recreation Department	
Address (give city, county, State, and zip code): 6 E. Lindsay Street Stockton, San Joaquin, CA 95202-1997		Name and telephone number of person to be contacted on matters involving this application (give area code): Christine Tien, Interim Director (209) 937-8373	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000436		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ <input checked="" type="checkbox"/> C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: 1443 National Park Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-919 TITLE: Urban Park and Recreation Recovery		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: EDNA GLEASON PARK REHABILITATION PROJECT Increasing recreational opportunities and community partnerships that strengthen community image, safety and security while supporting economic and family development through the rehabilitation of a community's park as the social center of the Gleason Park Neighborhood.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Stockton		13. PROPOSED PROJECT	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 11		b. Project 11	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,000,000	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE July 16, 2002	
b. Applicant	\$ 428,571	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 1,428,571		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Gary A. Podesto		b. Title Mayor	
c. Telephone Number (209) 937-8499		d. Signature of Authorized Representative	
e. Date Signed July 16, 2002			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/18/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: City of Gonzales		Organizational Unit: Planning Department														
Address (give city, county, State, and zip code): P.O. Box 647 147 Fourth St. Gonzales, Monterey, CA 93926		Name and telephone number of person to be contacted on matters involving this application (give area code): Duane Peterson (831) 675-4203														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000341		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">C</div>														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Economic Development Administration U.S. Department of Commerce														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design & construct streets, drainage & underground utilities in new industrial park														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Gonzales		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 22 2002 </div>														
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:															
Start Date: 10/1/02 Ending Date: 9/30/04	a. Applicant: California 17th b. Project: California 17th															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 2,001,000.⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 858,000.⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$.⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$.⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$.⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$.⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 2,859,000.⁰⁰</td> </tr> </table>		a. Federal	\$ 2,001,000. ⁰⁰	b. Applicant	\$ 858,000. ⁰⁰	c. State	\$. ⁰⁰	d. Local	\$. ⁰⁰	e. Other	\$. ⁰⁰	f. Program Income	\$. ⁰⁰	g. TOTAL	\$ 2,859,000. ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/18/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 2,001,000. ⁰⁰															
b. Applicant	\$ 858,000. ⁰⁰															
c. State	\$. ⁰⁰															
d. Local	\$. ⁰⁰															
e. Other	\$. ⁰⁰															
f. Program Income	\$. ⁰⁰															
g. TOTAL	\$ 2,859,000. ⁰⁰															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. Type Name of Authorized Representative: Henry G. Hesling Sr.	b. Title: City Manager	c. Telephone Number: (831) 675-5000														
d. Signature of Authorized Representative: <i>Henry G. Hesling Sr.</i>		e. Date Signed: 7/18/02														

Previous Edition Usable
Authorized for Local Reproduction

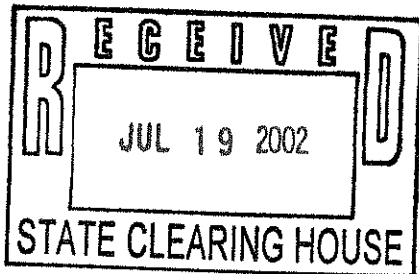
Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

Previous Edition Usable
(7/97)

I. General Information

Applicant Organization's Legal Name:

City of Fontana Police Department



Applicant Agency ORI Number: CA03604

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you. For further clarification, please refer to your Application Instructions Manual on page 14.

Applicant Agency EIN Number: 9 5 6 0 0 4 7 7 1

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to your Application Instructions Manual on page 13.

Federal Congressional District Number: 42nd

Do not substitute state or local congressional districts.

Is your agency contracting for law enforcement services? ☐ Yes ☒ No

If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section on page 3. For further clarification in determining if this applies to your agency, please see page 13 of the Application Instructions Manual.

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance.

- (1) Fontana has grown by 39% from 1991 to 2002; growth in the Police Department has not kept pace. Population will increase from 135,100 to 141,385 on January, 2003; another 5%.
- (2) Calls for service rose 4% in Fiscal Year 2001/02 and are estimated to rise another 4% in Fiscal Year 2002/03. Officer per 1,000 population ratios are currently at 1.03 which is well below the western state average of 1.8.
- (3) The free time rate for officers to do community oriented policing projects or other proactive patrol has decreased by 3% from 2001 to 2002.
- (4) Law enforcement agencies in California are faced with budget cuts as a result of a \$23 billion state budget deficit; an impact to Fontana of about \$499,000 on July 1, 2002. Fontana cannot make up this deficit and add sufficient personnel to address the trends indicated above.
- (5) A loss of funds will impact service delivery to the citizens of Fontana effective Fiscal Year 2002/03, continuing into Fiscal Year 2003/04 and beyond which is why Federal funding is being requested.

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: Frank J. Scialdone

Title: Chief of Police Agency Name: Fontana Police Department

Address: 17005 Upland Ave.,

City: Fontana State: CA Zip Code: 92335

Telephone: (909) 350-7702 Fax: (909) 356-7111

E-mail (if applicable): fscialdone@fontana.org

Type of Law Enforcement Agency:

- ☒ Municipal
 ☐ State
 ☐ County Police Department
☐ Sheriff*
 ☐ Tribal*
 ☐ Transit*
☐ School*
 ☐ University/College* (☐ Public or ☐ Private?)
☐ Public Housing*
 ☐ New Start-Up* (please specify): _____
☐ Other* (please specify): _____

*Agency types with an asterisk next to them must complete the additional questionnaire found at the back of this Application Booklet, and include it with the application.

Government Executive's Name: Kenneth R. Hunt

Title: City Manager Name of Government Entity: City of Fontana

Address: 8353 Sierra Ave

City: Fontana State: CA Zip Code: 92335

Telephone: (909) 350-7654 Fax: (909) 350-6613

E-mail (if applicable): khunt@fontana.org

Type of Government Entity:

- ☐ State
 ☒ City
 ☐ Town
 ☐ County
☐ Village
 ☐ Borough
 ☐ Township
 ☐ Territory
☐ Region
 ☐ Council
 ☐ Community
 ☐ Pueblo
☐ Nation
 ☐ School District
☐ Other (please specify): _____

Contact Information:

Contact person in your department who is familiar with this grant:

Name: Pam Stewart Title: Sr. Admin Analyst

Telephone: (909) 350-7766 Fax: (909) 356-7111

E-mail (if applicable): pstewart@fontana.org

Universal Hiring Program 2002 Budget Information

Applicant Legal Name: City of Fontana Police Department ORI Code (Assigned by FBI): C A 0 3 6 0 4

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officers, Parts II and III if you are requesting part-time officers, and all three parts if you are requesting full and part-time officer positions. All budget figures should be rounded to the nearest whole dollar.

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.

OMB Approval Number: 1103-0027

PART I: Complete if your agency is requesting full-time officers

1. Cost Per Full-Time Officer – Year 1

Instructions: Indicate your department's cost for each of the following categories. Do not include employee contribution costs.

Current Annual Entry-Level Base Salary	\$ <u>47,260</u> .00	% of base salary		Enter the base annual first year salary that your department currently pays a new, entry-level officer.
Annual Fringe Benefits:				
* Please refer to Part III, Question 4				
*Social Security	\$ <u>685</u> .00	%	<u>1.45</u>	Cost for Social Security may not exceed 6.2%. If exempt check here <input checked="" type="checkbox"/>
*Medicare	\$ <u>see below</u> .00	%	<u>cafeteria</u>	Cost for Medicare may not exceed 1.45%. If exempt check here <input type="checkbox"/>
Health Insurance	(1) \$ <u>see below</u> .00	%		Costs toward health insurance coverage; please indicate if this is for Family Coverage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Life Insurance	\$ <u>see below</u> .00	%		Costs toward life insurance coverage.
Vacation	\$ <u>1,419</u> .00	%	<u>3</u>	Vacation costs, if not included in base salary. # of hours annually: <u>200</u>
Sick Leave > Leave	\$ <u>6,616</u> .00	%	<u>14</u>	Sick leave costs, if not included in base salary. # of hours annually: <u> </u>
Retirement	\$ <u>3,781</u> .00	%	<u>8</u>	Contribution to retirement benefits.
*Worker's Comp.	\$ <u>7,212</u> .00	%	<u>15.26</u>	Costs of worker's compensation. (See Part III, Question 4)
*Unemployment Ins.	\$ <u> </u> .00	%		Costs of unemployment insurance. (See Part III, Question 4)
cafeteria plan	\$ <u> </u> .00	%		Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other	\$ <u> </u> .00	%		
Total Fringe Benefits	\$ <u>19,713</u> .00			Sum of department fringe benefit costs for Year 1.
Total Year 1 Salary and Benefits	\$ <u>66,973</u> .00			Year 1 base salary plus Year 1 fringe benefits.

Previous editions are obsolete and should not be used. (2/11/02)

2. Cost Per Full-Time Officer – Year 2Current Annual Entry-Level Base Salary \$ 48,678.00 % of base salary

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

Annual Fringe Benefits:

*Social Security	\$ <u>706.00</u>	%
*Medicare	\$ <u>706.00</u>	%
(1) Health Insurance	\$ <u>see below</u>	%
(1) Life Insurance	\$ <u>see below</u>	%
Vacation	\$ <u>1,460.00</u>	%
Sick Leave	\$ <u>0.00</u>	%
Retirement	\$ <u>6,815.00</u>	%
*Worker's Comp.	\$ <u>3,894.00</u>	%
*Unemployment Ins.	\$ <u>0.00</u>	%
(1) Other Cafeteria Plan	\$ <u>7,287.00</u>	%
Other	\$ <u>0.00</u>	%

Cost for Social Security may not exceed 6.2%. If exempt check here ☒
Cost for Medicare may not exceed 1.45%. If exempt check here ☐
Costs toward health insurance coverage; please indicate if this is for Family Coverage ☒ Yes ☐ No
Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: 200
Sick leave costs, if not included in base salary. # of hours annually: _____
Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Total Fringe Benefits

\$ 20,162.00

Sum of department fringe benefit costs for Year 2.

Total Year 2 Salary and Benefits

\$ 68,840.00

Year 2 base salary plus Year 2 fringe benefits.

3. Cost Per Full-Time Officer – Year 3Current Annual Entry-Level Base Salary \$ 50,138.00 % of base salary

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

Annual Fringe Benefits:

*Social Security	\$ <u>727.00</u>	%
*Medicare	\$ <u>727.00</u>	%
(1) Health Insurance	\$ <u>see below</u>	%
(1) Life Insurance	\$ <u>see below</u>	%
Vacation	\$ <u>1,504.00</u>	%
Sick Leave	\$ <u>0.00</u>	%
Retirement	\$ <u>7,019.00</u>	%
*Worker's Comp.	\$ <u>4,011.00</u>	%
*Unemployment Ins.	\$ <u>0.00</u>	%
(1) Other Cafeteria Plan	\$ <u>7,287.00</u>	%
Other	\$ <u>0.00</u>	%

Cost for Social Security may not exceed 6.2%. If exempt check here ☒
Cost for Medicare may not exceed 1.45%. If exempt check here ☐
Costs toward health insurance coverage; please indicate if this is for Family Coverage ☒ Yes ☐ No
Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: 208
Sick leave costs, if not included in base salary. # of hours annually: _____
Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Total Fringe Benefits

\$ 20,548.00

Sum of department fringe benefit costs for Year 3.

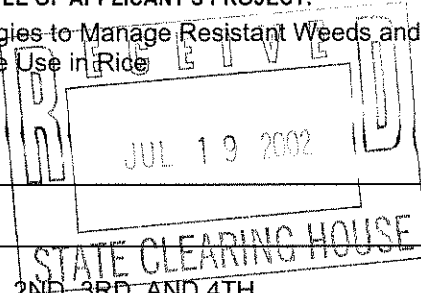
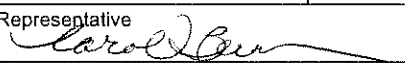
Total Year 3 Salary and Benefits

\$ 70,686.00

Year 3 base salary plus Year 3 fringe benefits.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 17, 2002	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: The Regents of the University of California		Organizational Unit: Division of Agriculture and Natural Resources																						
Address (give city, county, State, and zip code): 1111 Franklin St., 6th Floor Oakland, CA 96407-5200		Name and telephone number of person to be contacted on matters involving this application (give area code) Carol Berman (510) 987-0050																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 3 6 4 9 4		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">I</div>																						
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: US EPA																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; border: 1px solid black; padding: 2px;">6 6 — 6 0 6</div> TITLE: Surveys, Studies, Investigations and Special Purpose		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Integrated Strategies to Manage Resistant Weeds and Reduce Herbicide Use in Rice																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Multiple counties in Sacramento Valley, CA agricultural areas																								
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Start Date</td> <td style="width: 20%;">Ending Date</td> <td style="width: 20%;">a. Applicant</td> <td style="width: 40%;">b. Project</td> </tr> <tr> <td>10/1/02</td> <td>12/31/03</td> <td>9TH</td> <td>2ND, 3RD, AND 4TH</td> </tr> </table>				Start Date	Ending Date	a. Applicant	b. Project	10/1/02	12/31/03	9TH	2ND, 3RD, AND 4TH													
Start Date	Ending Date	a. Applicant	b. Project																					
10/1/02	12/31/03	9TH	2ND, 3RD, AND 4TH																					
15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 20%;">\$</td> <td style="width: 60%; text-align: right;">30,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">30,000⁰⁰</td> </tr> </table>		a. Federal	\$	30,000 ⁰⁰	b. Applicant	\$	⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	30,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 07/17/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	30,000 ⁰⁰																						
b. Applicant	\$	⁰⁰																						
c. State	\$	⁰⁰																						
d. Local	\$	⁰⁰																						
e. Other	\$	⁰⁰																						
f. Program Income	\$	⁰⁰																						
g. TOTAL	\$	30,000 ⁰⁰																						
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative Carol Berman		b. Title Contracts & Grants Coordinator																						
c. Telephone Number (510) 987-0050		d. Signature of Authorized Representative 																						
e. Date Signed 7/17/02																								

APPLICATION FOR
FEDERAL ASSISTANCE

2. Date Submitted (mm/dd/yyyy) 06/01/02	Applicant Identifier B-02-UC-06-0503
3. Date Received by State (mm/dd/yyyy)	State Applicant Identifier
4. Date Received by Federal Agency (mm/dd/yyyy) 06/01/02	Federal Identifier

1. Type of Submission
Application

Preapplication

☒ Construction☐ Construction☐ Non-Construction☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of San Bernardino

Address (give city, county, state, and zip code):

290 North "D" Street, Sixth Floor
San Bernardino, CA 92415-0040
San Bernardino

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 6 0 0 2 7 4 8

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

10. CATALOG OF FEDERAL DOMESTIC
ASSISTANCE NUMBER: (xx-yyy)

1 4 . 2 1 8

TITLE: CDBG Entitlement Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Unincorporated San Bernardino County and
14 cooperating cities

13. PROPOSED PROJECT:

Start Date
(mm/dd/yyyy)

07/01/02

Ending Date
(mm/dd/yyyy)

06/30/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

25, 26, 41, 42, 43

b. Project

25, 26, 41, 42, 43

15. ESTIMATED FUNDING:

Complete form HUD-424-M, Funding Matrix

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE (mm/dd/yyyy)

06/15/02

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372OR ☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Fred Aguiar

b. Title Chairman, County
Board of Supervisorsc. Telephone number (909)
(Include Area Code) 387-4866

d. Signature of Authorized Representative

ATTEST:
J. RENEE' BASTIAN
Clerk of the Boarde. Date Signed (mm/dd/yyyy)
MAY 14 2002Previous Edition Usable
(7/97)

County Counsel

Approved 5-13-02
H. O. R. R. R.

Authorized for Local Reproduction

By
Deputy

Standard Form 424

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/18/02		Applicant Identifier	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: Communities for a Better Environment		Organizational Unit:		Name and telephone number of the person to be contacted on matters involving this application (give area code) Christy Rodgers, 510-302-0430, ext 212	
6. EMPLOYER IDENTIFICATION (EIN): 9 4 2 9 9 8 0 8 6		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): <u>non-profit organization</u>		8. NAME OF FEDERAL AGENCY: EPA	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		9. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 6 0 4 TITLE: Environmental Justice Small Grants		10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community Pollution Monitoring Project	
11. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): city of Wilmington, LA County		12. PROPOSED PROJECT: Start Date: 10/1/02 End Date: 10/1/03		13. CONGRESSIONAL DISTRICT OF: a. Applicant: CA-9 b. Project: CA-9	
14. Estimated Funding: a. Federal \$ 19,990 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 7/18/02 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO	
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		18. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Carlos Porras		19. TITLE: Executive Director	
20. SIGNATURE OF AUTHORIZED REPRESENTATIVE: <i>Carlos Porras</i>		21. TELEPHONE NUMBER: 323-826-9771, ext 109		22. DATE SIGNED: 7/18/02	

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Bakersfield Police Activities LeagueAddress: 301 E. 4th Street

Organizational Unit

City BakersfieldState CACounty KernZIP Code 93307 - 1407
+ 4

2. Applicant's D-U-N-S Number

070790329

3. Applicant's T-I-N

77-0375436

4. Catalog of Federal Domestic Assistance #:

84184BTitle: Safe and Drug-Free Schools Mentoring Program

5. Project Director: Greg Williamson

Address: 301 E. 4th StreetCity Bakersfield,State CAZIP Code 93307 - 1407
+ 4Tel. #: (661) 283-8880Fax #: (661) 283-8878E-Mail Address: gwilliam@ci.bakersfield.ca.us

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

- A State
B Local
C Special District
D Indian Tribe
E Individual
F Independent School District
G Public College or University
H Private, Non-Profit College or University
I Non-Profit Organization
J Private, Profit-Making Organization
K Other (Specify):

Application Information

9. Type of Submission:

—PreApplication

—Application

☐

Construction

☐

Construction

☒

Non-Construction

☐

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒Yes (Date made available to the Executive Order 12372
process for review): 7/2/2002☐

No (If "No," check appropriate box below.)

☐

Program is not covered by E.O. 12372.

☐

Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐

Yes (Go to 12a.)

☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐

Yes (Provide Exemption(s) #):

☐

No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Bakersfield Police Activities League Safe and Drug-Free
Schools Mentoring Program

11. Proposed Project Dates:

Start Date:

11/1/2002

End Date:

10/31/2005

Estimated Funding

14a. Federal	\$	294,334.00
b. Applicant	\$	0.00
c. State	\$	0.00
d. Local	\$	0.00
e. Other	\$	0.00
f. Program Income	\$	0.00
g. TOTAL	\$	294,334.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

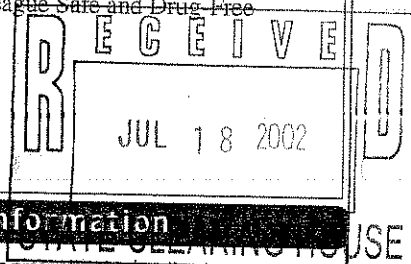
a. Authorized Representative (Please type or print name clearly.)

Greg Williamson

b. Title

Executive Directorc. Tel. #: (661) 283-8880Fax #: (661) 283-8878d. E-Mail Address: gwilliam@ci.bakersfield.ca.us

e. Signature of Authorized Representative

Date: 7/1/2002

PART I - FACESHEET **APPLICATION FOR FEDERAL ASSISTANCE**

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS): July 18, 2002		3. a. DATE RECEIVED BY STATE:	1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>
		4. a. DATE RECEIVED BY CNS:	3.b. STATE APPLICATION IDENTIFIER:
			4.b. CNS GRANT NUMBER: 02-SCPA020
5. APPLICANT INFORMATION			
LEGAL NAME: County of Sacramento Department of Human Assistance ORGANIZATIONAL UNIT: Community Services		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):	
ADDRESS (give street address, city, county, state and zip code): 3727 Marconi Avenue Sacramento, Sacramento County Sacramento, CA 95821		NAME: Leslie Chiles TELEPHONE NUMBER: (916) 443 - 1676 FAX NUMBER: (916) 443 - 3799 INTERNET E-MAIL ADDRESS: chilesl@saccounty.net	
6. 94-6000529		7. TYPE OF APPLICANT: (enter appropriate letter in box) B	
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Private Non-Profit Organization O. Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: RSVP: 94.002 FQP: 94.011 SCP: 94.016 Senior Demonstration: 94.015		9. NAME OF FEDERAL AGENCY: Corporation for National Service	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): Sacramento, Yolo, and Nevada Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Senior Companion Program	
13. PROPOSED PROJECT: START DATE: 9/30/02		END DATE: 9/29/05	
14. ESTIMATED FUNDING:		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL	\$ 104,722	b. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. APPLICANT	\$ 20,940	DATE: July 18, 2002	
c. STATE	\$ 72,904	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. LOCAL	\$ 53,524	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. OTHER	\$ 64,016	16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. TOTAL	\$ 316,106	<input type="checkbox"/> YES IF "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Cheryl S. Davis	b. TITLE: Director, Dept. of Human Assistance	c. TELEPHONE NUMBER: (916) 875-3611	
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: <i>Cheryl S. Davis</i>		e. DATE SIGNED: 7/17/02	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043


1. TYPE OF SUBMISSION:		2. DATE OF SUBMISSION 6-28-02	Applicant Identifier 7CA02008
Application <input type="checkbox"/> Construction	Preapplication <input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier 7CA02008
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION Address (give City, County, State & Zip Code): 1416 Ninth Street PO Box 944248 Sacramento, Sacramento County California 94244-2460	Organizational Unit: Fire Protection Name and telephone number of person to be contacted on matters involving this application (give area code) Kathi Robertson Jim Troehler (916) 653-1844 (916) 653-6179
6. Employee Identification Number (EIN): <div style="text-align: center;">69 0306069</div>	7. TYPE OF APPLICANT: (enter appropriate letter) A
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increased Award B. Decreased Award C. Increased Duration D. Decreased Duration Other (Specify): _____ Six Month Time Extension	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Districts I. State Controlled Institute of Higher Learning J. Private University K. Indian Tribes L. Individual M. Profit Organization N. Other (Specify): _____
	9. NAME OF FEDERAL AGENCY: U.S. FOREST SERVICE, DEPARTMENT OF AGRICULTURE

<p>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</p> <p>10-564</p> <p>Cooperative Fire Protection</p>	<p>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT</p> <p>Consolidated payments grant for rural fire prevention and control as well as volunteer fire assistance.</p> <div data-bbox="1024 1064 1424 1113"><p>RECEIVED</p><p>JUL 18 2002</p></div>
<p>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</p> <p>Statewide</p>	

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:		STATE CLEARING HOUSE
Start Date 07-01-02	Ending Date 12-31-03	a. Applicant 3	b. Project Statewide	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 1372 PROCESSING?		
a. Federal	\$ 1,937,230	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE		
b. Applicant	\$ 1,000,230	EXECUTIVE ORDER 12373 PROCESS FOR REVIEW ON:		
c. State	\$ <1,000,230>	DATE: 07-12-02		
d. Local	\$ 962,000	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
e. Other	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 2,899,230	<input type="checkbox"/> YES If "Yes" attach an explanation <input checked="" type="checkbox"/> NO		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative James M. Wright	b. Title: DEPUTY DIRECTOR CHIEF OF FIRE PROTECTION	c. Telephone Number (916) 653-9424
d. Signature of Authorized Representative 		e. Date Signed 7/12/02

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

AUTHORIZED FOR LOCAL REPRODUCTION

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 17, 2002		Applicant Identifier Region IX
		3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: City of West Hollywood		Organizational Unit: Rent Stabilization & Housing Department		
Address (give city, county, state, and zip code): 8300 Santa Monica Blvd West Hollywood, CA 90069		Name and telephone number of the person to be contacted on matters involving this application (give area code) Allyne Winderman (323) 848-6524		
6. EMPLOYER IDENTIFICATION (EIN): 95-3946635		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>C</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.811 TITLE: Brownfields Cooperative Agreements		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Brownfields Project Area Grant		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of West Hollywood		<div style="border: 2px solid black; padding: 10px; text-align: center;"> <h2 style="margin: 0;">RECEIVED</h2> <p style="font-size: 1.2em; margin: 5px 0;">JUL 18 2002</p> <h2 style="margin: 0;">STATE CLEARING HOUSE</h2> </div>		
13. PROPOSED PROJECT: Start Date: October 1, 2002 End Date: September 30, 2002				
14. CONGRESSIONAL DISTRICT OF: Representative Henry Waxman, 29 th District		a. Applicant: City of West Hollywood b. Project: East Side Brownfields Project		
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 200,000.00 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 200,000.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE July 17, 2002 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative: Paul Arevalo		b. Title: City Manager		c. Telephone Number (323) 484-6427
d. Signature of Authorized Representative		e. Date Signed July 17, 2002		

Previous Editions Not Valid

AUTHORIZED FOR LOCAL REPRODUCTION

Standard Form 424A (REV 4-88)
Prescribed by GMB Circular A-102

AUTHORIZED FOR LOCAL REPRODUCTION

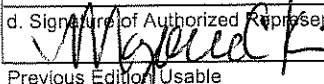
1

PART I - FACESHEET**APPLICATION FOR FEDERAL ASSISTANCE**

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS): July 17, 2002		3. a. DATE RECEIVED BY STATE: 4. a. DATE RECEIVED BY CNS:	1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>																		
5. APPLICANT INFORMATION LEGAL NAME: Mills-Peninsula Senior Focus ORGANIZATIONAL UNIT: RSVP ADDRESS (give street address, city, county, state and zip code): C/O The Wellness Center 100 So. San Mateo Drive San Mateo, CA 94401		3.b. STATE APPLICATION IDENTIFIER: 4.b. CNS GRANT NUMBER: 03-SRPCA-007																			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 9 - 4 2 6 6 3 9 1 8 </div>		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Deborah Owdom TELEPHONE NUMBER: (650) 696 - 4407 FAX NUMBER: (650) 696 - 4179 INTERNET E-MAIL ADDRESS: owdomd@sutterhealth.org...																			
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify): _____		7. TYPE OF APPLICANT: (enter appropriate letter in box) N <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District O. Other (specify) _____ </div> <div style="width: 48%;"> H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization </div> </div>																			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: RSVP: 94.002 FGP: 94.011 SCP: 94.016 Senior Demonstration: 94.015		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <div style="text-align: center;"> The Retired & Senior Volunteer Program Of San Mateo County </div>																			
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): San Mateo County		9. NAME OF FEDERAL AGENCY: Corporation for National Service																			
13. PROPOSED PROJECT: START DATE: 10-01-2002		END DATE: 09-30-2005																			
14. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="width: 10%;">\$</td> <td style="width: 70%; text-align: right;">\$114,988</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$</td> <td style="text-align: right;">\$ 61,575</td> </tr> <tr> <td>c. STATE</td> <td>\$</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>d. LOCAL</td> <td>\$</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>e. OTHER</td> <td>\$</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>f. TOTAL</td> <td>\$</td> <td style="text-align: right;">\$176,563</td> </tr> </table>		a. FEDERAL	\$	\$114,988	b. APPLICANT	\$	\$ 61,575	c. STATE	\$	\$ 0	d. LOCAL	\$	\$ 0	e. OTHER	\$	\$ 0	f. TOTAL	\$	\$176,563	15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE July 17, 2002 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. FEDERAL	\$	\$114,988																			
b. APPLICANT	\$	\$ 61,575																			
c. STATE	\$	\$ 0																			
d. LOCAL	\$	\$ 0																			
e. OTHER	\$	\$ 0																			
f. TOTAL	\$	\$176,563																			
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO																			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Maureen Dunn		b. TITLE: Director, The Wellness Center																			
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 		c. TELEPHONE NUMBER: (650) 696-4198 e. DATE SIGNED: July 17, 2002																			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/15/02	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION Legal Name: Merced County Association of Governments Address (give city, county, state, and zip code): 369 W. 18th Street Merced, CA 95340		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Marjorie Kim (209) 723-3153																						
6. EMPLOYER IDENTIFICATION NUMBER: 52-178082-8		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Association of Governments</u> </div> </div>																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div> A. Increase Award D. Decrease Award </div> <div> B. Decrease Award Other(specify): </div> <div> C. Increase Duration _____ </div> </div>		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE: <u>Regional Administrator Grants</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Public Outreach for the Partnership for Integrated Planning																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Merced County																								
13. PROPOSED PROJECT Start Date: 08/01/02 Ending Date: 06/30/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 18th District b. Project: 18th District																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">20,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">20,000⁰⁰</td> </tr> </table>		a. Federal	\$	20,000 ⁰⁰	b. Applicant	\$	⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	20,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>07/15/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	20,000 ⁰⁰																						
b. Applicant	\$	⁰⁰																						
c. State	\$	⁰⁰																						
d. Local	\$	⁰⁰																						
e. Other	\$	⁰⁰																						
f. Program Income	\$	⁰⁰																						
g. TOTAL	\$	20,000 ⁰⁰																						
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative Jesse Brown		b. Title Executive Director																						
c. Telephone Number (209) 723-3153		e. Date Signed 7/15/02																						
d. Signature of Authorized Representative 																								

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: PIONEER HOME OUTREACH, INC.

Address: 315 W. Henderson Avenue

P.O. Box 8151

Porterville

City

CA
State

TULARE
County

93258 -
ZIP Code + 4

Organizational Unit

MENTORING PROGRAMS

2. Applicant's D-U-N-S Number 184119649814

3. Applicant's T-I-N 77-00253142

4. Catalog of Federal Domestic Assistance #: 84.184B

Title: PROGRAM DIRECTOR

5. Project Director: CLARENCE OGANS

Address: P.O. Box 8151

Porterville CA 93258

City State Zip code + 4

Tel. #: (559) 781-8585 Fax #: (559) 791-0183

E-Mail Address: Pioneer @ ocsnet.net

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) J

- A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization
K - Other (Specify):

Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 07/01/02

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10/01/2002 09/30/2005
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Reaching Out: 350 Plus Club

"Educational Preparation"

Estimated Funding

14a. Federal \$ 150,000.00
b. Applicant \$ -0-.00
c. State \$ -0-.00
d. Local \$ -0-.00
e. Other \$ -0-.00
f. Program Income \$ -0-.00
g. TOTAL \$ 150,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Geraldine A. Ogans

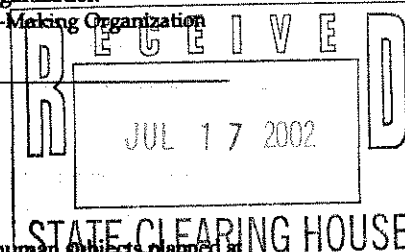
b. Title: Executive Director

c. Tel. #: (559) 781--8585 Fax #: (559) 791-0183

d. E-Mail Address: Pioneer @ ocsnet.net

e. Signature of Authorized Representative Geraldine A. Ogans

Date: 7/01/02



**A. APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0346-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 3, 2002	Applicant Identifier State Application Identifier 2002 Federal Identifier <div style="border: 2px solid black; padding: 5px; text-align: center; font-weight: bold;">STATE CLEARING HOUSE</div>
3. DATE RECEIVED BY STATE			
4. DATE RECEIVED BY FEDERAL AGENCY			
5. APPLICANT INFORMATION Legal Name: Sonoma County Address (give city, county, State, and zip code): 2550 Ventura Ave. Santa Rosa, Ca. 95403 Organizational Unit: Permit and Resource Management Department Name and telephone number of person to be contacted on matters involving this application (give area code): Ted Walker, Project Manager 707-565-1695			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;">9 4 - 2 8 7 5 2 3 3</div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">B</div> <div style="clear: both;"></div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">a</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">c</div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center;">1 0 - 7 6 0</div> TITLE: Water & Waste Disposal Loan and Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construct a new public sewer collection, treatment, and disposal system for the Community of Monte Rio, Ca. Remove all non-code compliant septic tanks and cesspools within the service district. Project will restore Russian River Water Quality and Recreational Beach.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Monte Rio, Sonoma County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/3/02	Ending Date 12/5/02	a. Applicant Sonoma County, PRMD	
		b. Project Monte Rio Community Sewer Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,000,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 07/10/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	\$ 3,500,000 ⁰⁰		
d. Local	\$ 2,425,000 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 10,925,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Pete Parkinson		b. Title Director, Sonoma County PRMD	
c. Telephone Number (707) 565-1925		e. Date Signed July 9, 2002	
d. Signature of Authorized Representative			

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 9, 2002	Applicant Identifier: OCS-02-1b V E State Application Identifier Federal Identifier: 5 2002														
5. APPLICANT INFORMATION Legal Name: The East Los Angeles Community Union Address (give city, county, State, and zip code): 5400 East Olympic Boulevard Los Angeles, CA 90022 Los Angeles County		3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY Organizational Unit: STATE HEARING HOUSE TELACU Name and telephone number of person to be contacted on matters involving this application (give area code): Jose Villalobos 323-721-1655															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2554256		7. TYPE OF APPLICANT: (enter appropriate letter in box) <table style="width:100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) <u>Non-Profit Community Development Corporation</u></td> </tr> </table>		A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) <u>Non-Profit Community Development Corporation</u>
A. State	H. Independent School Dist.																
B. County	I. State Controlled Institution of Higher Learning																
C. Municipal	J. Private University																
D. Township	K. Indian Tribe																
E. Interstate	L. Individual																
F. Intermunicipal	M. Profit Organization																
G. Special District	N. Other (Specify) <u>Non-Profit Community Development Corporation</u>																
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: CSBG Discretionary Awards TITLE: Urban Rural Economic Development 93-570		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Expansion of SOL Translation Services, LLC to create 100 new jobs. Priority Area 1 (OP)															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County		13. PROPOSED PROJECT Start Date: 9/30/02 Ending Date: 9/30/05															
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 25, 29, 30 b. Project: 29		15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 700,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 700,000.00</td> </tr> <tr> <td>c. State</td> <td>\$.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 1,400,000.00</td> </tr> </table>		a. Federal	\$ 700,000.00	b. Applicant	\$ 700,000.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 1,400,000.00
a. Federal	\$ 700,000.00																
b. Applicant	\$ 700,000.00																
c. State	\$.00																
d. Local	\$.00																
e. Other	\$.00																
f. Program Income	\$.00																
g. TOTAL	\$ 1,400,000.00																
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>July 9, 2002</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Type Name of Authorized Representative Jose Villalobos		b. Title Sr. Vice President															
c. Telephone Number 323-721-1655		e. Date Signed July 9, 2002															

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 9, 2002	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 16 2002 STATE CLEARING HOUSE </div>
		3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION			
Legal Name: <u>Greater Golden Hill Community Development Corporation</u>		Organizational Unit: _____	
Address (give city, county, State, and zip code): <u>2469 Broadway</u> <u>San Diego, CA 92102 San Diego County</u>		Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Arlene Hamlin 619-696-9992</u>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;"> 33-0477940 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) N <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit Community Development Corp.</u> </div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: <u>DHHS-ACF/OCS</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 93--570 </div> TITLE: <u>CSBG-Community Services Disc.</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>To create the Golden Care Workforce Institute and create 96 jobs in the Home Health Care field.</u> <u>Priority Area 1 (Operational)</u>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Award San Diego City and County</u>			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date <u>9/30/02</u>	Ending Date <u>9/30/05</u>	a. Applicant <u>49</u>	b. Project <u>49, 50</u>
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 331,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7/7/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 341,000.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 672,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative <u>Arlene Hamlin</u>		b. Title <u>Executive Director</u>	c. Telephone Number <u>619-696-9992</u>
d. Signature of Authorized Representative 		e. Date Signed <u>7/9/02</u>	

APPLICATION FOR
FEDERAL ASSISTANCE

R E C E I V E D	
OMB Approval No. 0748-0043	
JUL 16 2002	
Applicant Identifier	State Application Identifier
STATE CLEARING HOUSE	

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 16, 2002	3. DATE RECEIVED BY STATE	4. DATE RECEIVED BY FEDERAL AGENCY
5. APPLICANT INFORMATION				
Legal Name: City of Stockton			Organizational Unit: Parks & Recreation Department	
Address (give city, county, state, and zip code): 6 E. Lindsay Street Stockton, San Joaquin, CA 95202-1997			Name and telephone number of person to be contacted on matters involving this application (give area code): Christline Tien, Interim Director (209) 937-8373	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000436			7. TYPE OF APPLICANT: (enter appropriate letter in box) C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)			9. NAME OF FEDERAL AGENCY: 1443 National Park Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 115-919 TITLE: Urban Park and Recreation Recovery			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: EDNA GLEASON PARK REHABILITATION PROJECT Increasing recreational opportunities and community partnerships that strengthen community image, safety and security while supporting economic and family development through the rehabilitation of a community's park as the social center of the Gleason Park Neighborhood.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Stockton				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date by March 2003	Ending Date by January 2006	a. Applicant 11		
15. ESTIMATED FUNDING:		b. Project 11		
a. Federal	\$ 1,000,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
b. Applicant	\$ 428,571	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE July 16, 2002		
c. State	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 1,428,571	a. Type Name of Authorized Representative Gary A. Podesta		
		b. Title Mayor		c. Telephone Number (209) 937-8499
		d. Signature of Authorized Representative		e. Date Signed July 16, 2002

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

TYPE OF SUBMISSION:

- Application
☐ Construction
☒ Non-Construction
- Preapplication
☐ Construction
☐ Non-Construction

2. DATE SUBMITTED

07/05/00

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier

STATE CLEARING HOUSE

APPLICANT INFORMATION

Legal Name:
COUNTY OF LOS ANGELES

Address (give city, county, state, and zip code):

4700 RAMONA BOULEVARD
MONTEREY PARK, CA 91754-2169

Organizational Unit:

SHERIFF'S DEPARTMENT

Name and telephone number of the person to be contacted on matters involving this application (give area code)

JUDY TORRES, GRANTS UNIT MANAGER
LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
(323) 526-5143

EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 6 0 0 0 9 2 7

TYPE OF APPLICATION:

- ☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

- A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify):

10. CATALOG OF FEDERAL DOMESTIC
ASSISTANCE NUMBER:

1 6 7 1 0

TITLE: HIGH INTENSITY CRIMINAL ALIEN
APPREHENSION AND PROSECUTION (HICAAP)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

LOS ANGELES COUNTY, ITS CONSTITUENT CITIES,
AND UNINCORPORATED AREAS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

HIGH INTENSITY CRIMINAL ALIEN APPREHENSION
AND PROSECUTION (HICAAP) PROGRAM
US DEPARTMENT OF JUSTICE
FISCAL YEAR: 07/01/00 TO 06/30/01

13. PROPOSED PROJECT:

Start Date

Ending Date

01/01/01

12/31/01

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

24 THROUGH 37; 41

b. Project

24 THROUGH 37; 41

15. ESTIMATED FUNDING:

a. Federal	\$ 2,299,983	.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$ 2,299,983	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

- a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

- b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☒ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes

If "Yes," attach an explanation.

☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCEBEEN DULY
IS AWARDED

a. Typed Name of Authorized Representative

LEROY D. BACA

b. Title

SHERIFF, COUNTY OF LOS ANGELES

c. Telephone number

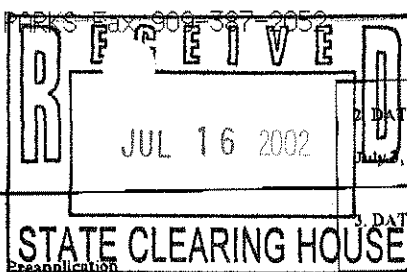
(323) 526-5000

e. Date Signed

6/7/00

d. Signature of Authorized Representative

Lee Baca

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 7, 2002	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

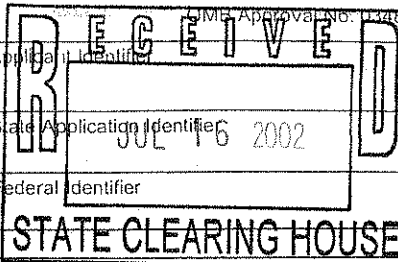
5. APPLICANT INFORMATION			
Legal Name: San Bernardino County	Organizational Unit: Dept. of Public Works, Regional Parks Division		
Address (give city, county, state, and zip code): 777 E. Rialto Avenue, San Bernardino, CA 92415-0763	Name and telephone number of the person to be contacted on matters involving this application (give area code): Maureen Snelgrove (909) 387-2591		
6. EMPLOYER IDENTIFICATION (EIN): 95 - 6002748	7. TYPE OF APPLICANT: (enter appropriate letter here) B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:	9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-811 TITLE: Brownfields Coop. Agreement	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Cooley Ranch Brownfield Redevelopment		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Colton; San Bernardino County			
13. PROPOSED PROJECT: Brownfields	14. CONGRESSIONAL DISTRICT OF: 42 - (Joe Baca)		
Start Date 11/02	End Date 1/04	a. Applicant:	b. Project:
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 200,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE July 16, 2002	
b. Applicant	\$	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 200,000.00		
19. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: Thomas Potter		b. Title: Chief of Regional Parks	c. Telephone Number: (909) 387-2591
d. Signature of Authorized Representative:		e. Date Signed:	

Previous Editions Not Usable

Standard Form 424A (REV 4-89)

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 1545-0043



1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 12, 2002	3. DATE RECEIVED BY STATE JUL 16 2002																																
5. APPLICANT INFORMATION Legal Name: RUBICON PROGRAMS INCORPORATED Address (give city, county, State, and zip code): 2500 Bissell Avenue Richmond, CA 94804 Contra Costa County		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier																																	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 2301550		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit Community Development Corporation</u> </div> </div>																																	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: DHHS - ACF/OCS																																	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: CSBG TITLE: <u>COMMUNITY ECONOMIC DEVELOPMENT AWARDS</u> 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Richmond, Contra Costa County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Rubicon Urgent/Emergent Care</u> Specialized home health care service business Priority Area 1 (OP)																																	
13. PROPOSED PROJECT Start Date: 11/1/02 Ending Date: 9/30/03		14. CONGRESSIONAL DISTRICTS OF: George Miller (7th)																																	
15. ESTIMATED FUNDING: \$349,999		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7/10/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:20%;">\$</td> <td style="width:20%;">349,999</td> <td style="width:20%;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td colspan="2">line of credit</td> <td>350,000</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>699,999</td> <td>00</td> </tr> </table>		a. Federal	\$	349,999	00	b. Applicant	\$		00	c. State	\$		00	d. Local	\$		00	e. Other	\$		00	line of credit		350,000		f. Program Income	\$		00	g. TOTAL	\$	699,999	00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	349,999	00																																
b. Applicant	\$		00																																
c. State	\$		00																																
d. Local	\$		00																																
e. Other	\$		00																																
line of credit		350,000																																	
f. Program Income	\$		00																																
g. TOTAL	\$	699,999	00																																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																			
a. Type Name of Authorized Representative <u>Rick Aubry, Ph.D.</u>		b. Title <u>Executive Director</u>																																	
c. Telephone Number <u>(510) 231-3927</u>		d. Signature of Authorized Representative 																																	
e. Date Signed <u>7/9/02</u>		f. Date of Application <u>7/12/02</u>																																	

Previous Edition Usable

Authorized for Local Reproduction

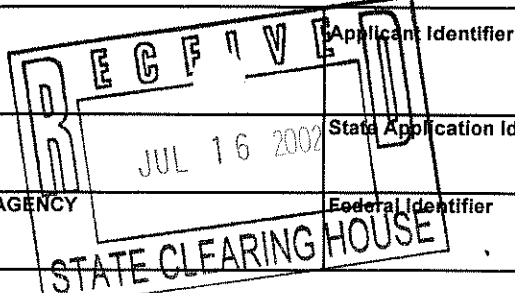
Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

July 8, 2002



1. TYPE OF SUBMISSION

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Application ☐ Construction ☐ Non-Construction
Preapplication ☐ Construction ☐ Non-Construction

Applicant Identifier

State Application Identifier

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:
Fresno County Economic Opportunities Commission

Organizational Unit
Same

Address (give city, county, state, and zip code)

1920 Mariposa Mall, Suite 300
Fresno, CA 93721
Fresno County

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Lucianna Ventresca, Sanctuary Director
Phone - (559) 498-8543 - ext. 110
Fax - (559) 498-8519

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

94 - 1606519

8. TYPE OF APPLICATION:

X New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICATION: (enter appropriate letter in box) N

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District
H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Private non-profit

9. NAME OF FEDERAL AGENCY:

U. S. Department of Health & Human Services
Administration for Children & Families

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

93.571

Title: COMMUNITY FOOD & NUTRITION PROGRAM

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FCEOC Sanctuary
Community Food & Nutrition Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Fresno County and City

13. PROPOSED PROJECT:

Start Date Ending Date
9/1/2002 8/31/2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 18 b. Project 15, 17, 18

15. ESTIMATED FUNDING:

a. Federal	50,000
b. Applicant	0
c. State	0
d. Local	0
e. Other	0
f. Program Income	0
g. TOTAL	\$50,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 7/8/02

b. NO PROGRAM IS NOT COVERED BY E.O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

If "Yes" attach an explanation No X

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative
Roger Palomino

b. Title
EOC Executive Director

c. Telephone number
(559) 263-1010

d. Signature of Authorized Representative

e. Date Signed

7/8/02

Authorized for Local Reproduction

APPLICATION FOR
FEDERAL ASSISTANCE

TYPE OF SUBMISSION:

Application
☐ Construction

☒ Non-Construction

Preapplication
☐ Construction

☐ Non-Construction

2. DATE SUBMITTED

07/05/00

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

STATE CLEARING HOUSE

OMB Approval No. 0348-0043

JUL 16 2002

APPLICANT INFORMATION

Legal Name:
COUNTY OF LOS ANGELES

Address (give city, county, state, and zip code):

4700 RAMONA BOULEVARD
MONTEREY PARK, CA 91754-2169Organizational Unit:
SHERIFF'S DEPARTMENT

Name and telephone number of the person to be contacted on matters involving this application (give area code)

JUDY TORRES, GRANTS UNIT MANAGER
LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
(323) 526-5143

EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 6 0 0 0 9 2 7

TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify):

9. NAME OF FEDERAL AGENCY:

US DEPARTMENT OF JUSTICE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 6 7 1 0

TITLE: HIGH INTENSITY CRIMINAL ALIEN APPREHENSION AND PROSECUTION (HICAAP)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

LOS ANGELES COUNTY, ITS CONSTITUENT CITIES, AND UNINCORPORATED AREAS

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

HIGH INTENSITY CRIMINAL ALIEN APPREHENSION AND PROSECUTION (HICAAP) PROGRAM
US DEPARTMENT OF JUSTICE
FISCAL YEAR: 07/01/00 TO 06/30/01

13. PROPOSED PROJECT:

Start Date

Ending Date

01/01/01

12/31/01

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

24 THROUGH 37; 41

15. ESTIMATED FUNDING:

a. Federal	\$	2,299,983	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	2,299,983	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☒ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes

If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

LEROY D. BACA

b. Title

SHERIFF, COUNTY OF LOS ANGELES

c. Telephone number

(323) 526-5000

e. Date Signed

6/7/00

d. Signature of Authorized Representative

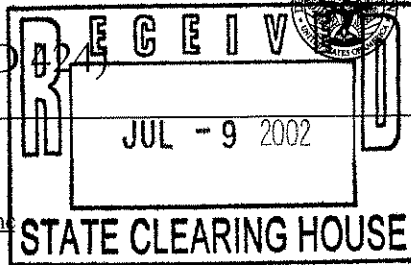
Lee Baca

Application for Federal Education

Education Assistance (ED 424)

U.S. Department of

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004



Applicant Information

1. Name and Address

Legal Name: Family Connections El Dorado Inc

Address: 344 Placerville Drive Suite 10

Placerville
City

CA
State

El Dorado County
County

95667
ZIP Code + 4

Organizational Unit

2. Applicant's D-U-N-S Number 1 5 9 6 4 6 8 3 5

3. Applicant's T-I-N 9 4 - 2 6 3 3 0 1 6
☒ No

4. Catalog of Federal Domestic Assistance #: 84.1 8 4 B

Title: Safe and Drug-Free Schools and Communities National Program (B)
1

6. Novice Applicant ☒ Yes ☐ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes

(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization
K - Other (Specify): _____

5. Project Director: Wendy Wood

Address: 344 Placerville Drive Suite 10

Placerville CA 95667
City State Zip code + 4
Tel. #: (530) 626-5164 Fax #: (530) 626-0670

E-Mail Address: wendywood@familyconnected.org

Application Information

9. Type of Submission:

planned at

-PreApplication

-Application

☐ Construction

☐ Construction

☒ Non-Construction

☒ Non-Construction

to be

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372

process for review): 07 / 02 / 2002

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

11. Proposed Project Dates: 09/01/2002

08/31/2005

12. Are any research activities involving human subjects

any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated

exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☐ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

El Dorado County School Mentor Project

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424B (Rev. 7-97)
Prescribed by OMB Circular A-102

Start Date:

End Date:

Estimated Funding

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are

true

14a. Federal \$ 171,600. 00

applicant

b. Applicant \$ 235,000. 00

awarded.

c. State \$ _____ . 00

d. Local \$ _____ . 00

e. Other \$ _____ . 00

f. Program Income \$ _____ . 00

g. TOTAL \$ 406,600. 00

and correct. The document has been duly authorized by the governing body of the

and the applicant will comply with the attached assurances if the assistance is

a. Authorized Representative (*Please type or print name clearly.*)

Wendy Wood MPA

b. Title: Executive Director

c. Tel. #: (530) 626-5164 Fax #: (530) 626-0670

d. E-Mail Address: wendywood@familyconnected.org

e. Signature of Authorized Representative